VS A15 (4) 15M 10/57

	MARYI 1230			ATE OF DEAT		TIMORE, 1	Reg. Dist.	The second second	306
1. PLACE OF DEATH a. COUNTY Carroll			MARYLAND	2. USUAL RESIDENCE (V	Where deceased	b. COUNTY	on: Residence	befare òdmis	sion)
b. CITY OR TOWN (IF RURAL and give nea Paral Syle d. NAME OF HOSPITA OR INSTITUTION	rest lown) esville t (If not in hospitat, g	52y		c. CITY OR TOWN (III das. Baltimore d. STREET ADDRESS		rate limits, write R	URAL and give	e. IS RE	SIDENCE A FARM?
3. NAME OF DECEASED (Type ar print)	ld State F Frederick	st	Middle William	unknown tost Abbis	4. DATE OF DEATH	Mon 11		5 ^{Doy}	Year 1958
Male	6. COLOR OR RACE White	WIDOWED [DIVORCED	B. DATE OF BIRTH		last birthday) 84 yrs.	Manths Do	YEAR IF UND	Min.
during most of working Cooper 13. FATHER'S NAME UNKNOWN	ng life, even if retired			Germany 14. MOTHER'S MAIDEN Christ:	I NAME			nown	V
15. WAS DECEASED EVER (Yes. no. or unknown) (If	IN U. S. ARMED FOR yes, give wor or dates of s			Hospital Re	cords	- Spring	TIPLA	State	
	H WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO y, which mediate to under-	Cerc	o). (b). and (c).] MYOCO	ARTERIOS	nfa	rction	5	MOD Yea	THE S
PART II. OTHE		DITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART I	PERFO	AUTOPSY DRMED?
200. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER MOTIFY N	UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCCURR	ED. (Enter nature of injury in				100 80	

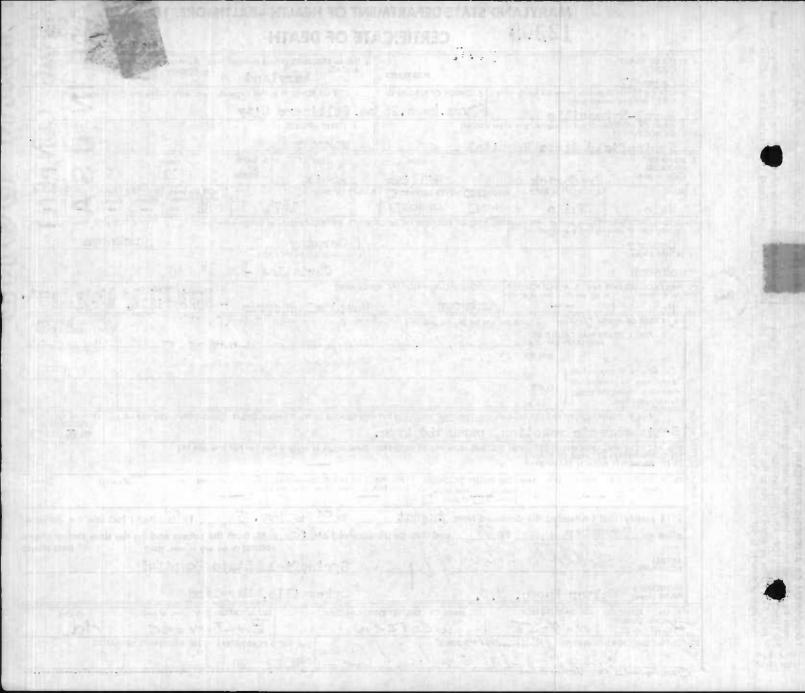
(State) MEDIC While Not while at work factory, street, affice bldg., etc.) Haur a. m. Not while

21. I certify that I attended the deceased from August alive an November 4, 1958, and that de 19.58 ,that I last sow the deceased Nov. and that death occurred at 8:25 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL Springfield State Hospital

PHYSICIAN'S NAME (Type) Sykesville, Maryland Walter Knopp, M.D.

22a. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) WESTERN MORE 11+ 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



after death. Page

	E OF DEATH	CERTIFICAT		
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OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 rbs retained by the hospital or attending physician. NER PIRECTOR: After this certificate has been signed by the attending physician and campletely fille on the funeral director, let a very be detached for use as the burial-transit permit. Then please remave carbon papers. Pages A d 2 should be filed with registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.			-	-	41
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exergined by the hospital ar attending physician. EN DIRECTOR: After this certificate has been signed by the attending physician and c 3 v wild be detached for use as the burial-transit permit. Then please remave carbon p gistrar prior to burial, crematian, ar removal, and in any event within 72 haurs after deat	cuted within 24 haurs after death: Page 4		ampletely fille by the funeral director,	opers. Pages P. d 2 should be filled with	The state of the s
SPITAL OR ATTENDING PHYSICIAN: The law repered in the hospital or attending physician ER PRECTOR: After this certificate has been 3 veryl be detached far use as the burial-transit gistrar prior to burial, cremation, ar removal, an	quires that the death certificate be exec		igned by the attending physician and co	permit. Then please remave carbon po	d in any event within 72 haurs after deat
	SPITAL OR ATTENDING PHYSICIAN: The law re	se retained by the hospital ar attending physician	IER DIRECTOR: After this certificate has been a	3 s wid be detached far use as the burial-transit	gistrar prior to burial, cremation, ar removal, and

VS A15 (4) 15M 9/55

1	.1.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
0.61	15	L	12311 CERTIFICATE OF DEATH Reg. Dist. No.123118
director	M	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY Carrot Maryland
the funeral should be fi			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) A OUNT A TOUR
by the f	00		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION North Male Ves No NA FARM? YES NO DE
		1	
etely fill.		\vdash	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
completely papers. Po	T	100	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR'
ian and carbon	The state of the s	13.	FATHER'S NAME
ng physician remave car	72 haurs		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Solve A Sip (Types, give wor or doles of service) Solve A Sip (Doughter) -
on. signed by the attendi sit permit. Then pleas	nd in ony event within		IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Arterios clereatic Heart Disease ONSET AND DEATH
ite has beer burial-tran	removal, a	RTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN GIVEN DISEASE CONDITION GIVEN DISEASE CONDITION GIVEN DISEASE COND
his certificat use as the l	emation, or	MEDICAL CERT	County C
PIRECTO	itrar prior to burial, cre		21. I certify that I attended the deceased from Nov.12, 19.78, to Nov.15, 19.58, that I lost sow the decease alive an Nov.12, 19.58, and that death occurred at 12.03 A.M., from the causes and on the date stated above ADDRESS (Street, city or town, store) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W.B. Eulwell NAME (Type)
TO FUNES	and	E	o- BURIAL, CREMATION, REMOVAL (Specify) NOV-17-1958 Oakland Mem. Cemetery Indiana, Pennsylvania FUNERAL DIRECTOR'S SONATURE, ADDRESS 22d. LOCATION (City, town, or county) (Stole) 22d. LOCATION (City, town, or county) ADDRESS 22d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
A15 (4) M 9/55			Olin J. Molesworth Damascus, Md. DATE NOV 1 8 '58 arthur & thouse

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of director.	M
by the funeral director.	0

FENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 the haspital ar attending physician.

18. After this certificate has been signed by the attending physician and completely filled by the funeral director. tached far use as the burial-transit permit. Then please remove carbon papers. Pages at 2 shauld be filed with burial, cremation, ar remayal, and in any event within 72 hours after death.

AL OR ATT	may be retained by t	DIRECTO	Sold be det	he registrar priar to	
TO HOSPITAL OR ATT	may be re	TO FUNER DIRECTO	poge 3 s	the registr	
1		A15)	

	1501.6	CERTIFICATE OF D	EAIN	Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY	MARYLAND STATE	ENCE (Where deceased lived. If institution b. COUNTY)	Elevoll
	b. CITY OR TOWN (If outside corporate limits, write RUFA) and give nearest town)	ENGTH OF STAY IN 16 C. CITY OF	OWN (If outside corporate limits, write	RURAL and give nearest town)
)	d. NAME OF HOSPITAL (If not in hospitol, give street oddre OR INSTITUTION	d. STREET AC	DRESS	e. IS RESIDENCE ON A FARM? YES NO S
	3. NAME OF DECEASED (Type or print) TULIA -	F-ARMACUS	T DEATH NO	Doy Yeor 28 19 58
1	WIDOWED X		-1874 Styl) Manths Days Haurs Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND during grost of working life, even if retired)	FULK 11. BIRTHPU	CE (State or faceign country)	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME Rivernau	Mar	y Clum Sa	hults
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (H.P. give wer or dofes of service)	AL SECURITY NO. 17. INFORMANT MA May	rice Swith ?	fearmount Ma
	18. CAUSE OF DEATH [Enter only one cause per line for	(o), (b), and (c).] erebral Thrombosis		ONSET AND DEATH
	DUE TO	72 002 000		
	Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying couse</u> lost. (b)			
)	PART II. OTHER SIGNIFICANT CONDITIONS CONT Viral respitatory info 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
		HOW INJURY OCCURRED. (Enter nature of		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour o. m. While of work 19	Not while foctory, street, office	tome, farm, bldg., etc.) 20f. (City or town)	(Caunty) (State)
	21. I certify that I attended the deceased f	ram November 1 s.t.19 58		8., that I last saw the decease
	ACTUAL M. C. Partes	- Picch	ADDRESS (Street, city or tow	
1	PHYSICIAN'S M. C. Porterfield, M. I	M.B.	Hampstead, Md.	11/29/5
		MAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town	or county) (State)
	23 FUNERAL DIRECTOR'S SIGNAFURE	address are potent and		GISTRAR'S SIGNATURE

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (V		d lived. If institution b. COUNTY	_	before odmission) more County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville	Inth 5days	c. CITY OR TOWN (III	outside corpo	rate limits, write RI	URAL and give	e nearest lown)
d. NAME OF HOSPITAL (If not in hospitol, give street or institution Springfield State B osp:	t oddress)	d. STREET ADDRESS Summit	Ave.			ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) FORTEST	Eugene	Ayer	4. DATE OF DEATH	non 11		22 Year 19 58
Mala White	RRIED NEVER MARRIED	8. DATE OF BIRTH 4-15-83		9. AGE (In years 75 birthday) yrs.		YEAR IF UNDER 24 HRS.
100. USUAL OCCUPATION (Give kind of work dane 10) during most of working life, even if retired)	3Ldg. Const.	West Vir		auntry)	U.S	A.
13. FATHER'S NAME Samuel B.Ayer		14 MOTHER'S MAIDEN	NAME za Thom	m		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no. or unknown) [If yes, give wor or dates of service)	3. SOCIAL SECURITY NO. 17. II	NFORMANT Hospital re	cords.	Adda	ress	
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO	line far (a), (b), and (c).] teriosclerotic	Heart Diseas	e			INTERVAL SETWEEN ONSET AND DEATH YEARS
gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> (c)	gave rise to immediate couse (o), storing the under-lying couse lost. (c) C.B. Bast II. Other Significant conditions contributing to death but not related to the terminal disease condition given in part 1(a) 19. Was autopsy performed? Performed?					
2	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Port I or Por	t II of item 18.)		
A Hour o.m. Whil	,	ACE OF INJURY (Home, foctory, street, office bldg., a		or tawn)	(Cou	inty) (State)
ACTUAL OGENETINO CL	of Campo	, 158 , to 1 accurred at 3.55	ADDRESS (S	n the causes a treet, city or town,	ind an the	st saw the deceased date stated abave. DATE SIGNED 11-22-58
PHYSICIAN'S Agustin del Camp 220. BURIAL, CREMATION, BEMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE Barbara M Schwab 2	22c. NAME OF CEMETERY O WESTLE, HADDRESS	Chapel	22d. LOCA	TION (City, town, o	or county) CE W STRAR'S SIGN	(State) V. V. RĜIN IM
Constitution of the second			2 4 59	Colle	7 1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNER TOTALESTOR: After this certificate has been signed by the attending physician and campletely fillel page 3 standard be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registror prior to burial, cremation, or removal, and in any event within 72 haurs after death.

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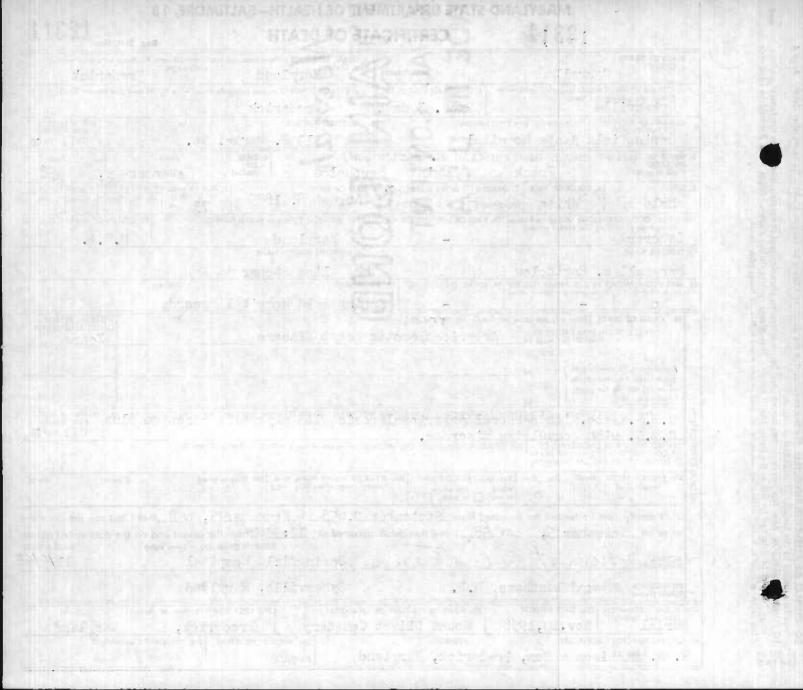
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	MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
1	2314	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

			No.	ag. Dist. 140.
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryla	here deceased lived. If institution: b. COUNTY	Residence before admission) Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RURA	AL and give nearest town)
Sykesville	2mos. 3 days	Freder	ick	1011.2
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Springfield State Hospi		d. STREET ADDRESS	Market St.	e. IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF (Also known as Frank (Type or print) Frank	nklin Emillartho		4. DATE Month OF DEATH Novem	Day Year
5. SEX 6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	0.0	UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOW	/ED DIVORCED		73) yrs.	onths Doys Hours Min.
 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Marshall B. Bartholow		Alice St	oner_	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. 1	FORMANT	Address	
No -	- S	oringfield Ho	spital Records	
1B. CAUSE OF DEATH [Enter only one cause per I	ine for (o), (b), and (c).]			INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	rterioscleroti	c heart disea	se	ONSET AND DEATH
1450 DUE TO				46013
Conditions, if ony, which) (b)				
gave rise to immediate Couse (a), stoting the under-				
lying couse lost.				
	CONTRIBUTING TO DEATH OUT	HOT RELATED TO THE TERMI	AY HATE CONDITION CITED!	IN PAN UN 19. WAS AUTOPSY PERFORMED?
5 C.B.S. with convulsive	disorder.			YES NO X
UF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED). (Enter nature of injury in F	Part 1 or Port II of item 18.)	
-		CE OF INJURY (Home, form	, 20f. (City or town)	(County) (State)
Hour o. m. p. m. 19 of wo		tory, street, office bldg., etc.		
21. I certify that I attended the decease		n 2 1058 to No	Tombon E 10ER 4	
alive on November 5. , 19	EB and that death	occurred at 10#3	ODMs	an the date stated above
	Jo-, and mar deam	occorred di102_1	ADDRESS (Street, city or town, state	e) DATE SIGNE
SIGNATURE during	listkan,		ld Hospital	11/6/5
PHYSICIAN'S Edmund Lusthaus,	M.D.	Sykesvill	e, Maryland	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town, or co	ounty) (State)
Burial Nov.10,1958	Mount Olivet		Frederick,	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE
M. R. Etchison & Son, Fre	ederick. Maryla			8 Krous



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 19215

CERTIFICATE OF BEATH

12312

100111	CERTIFICATE OF L	JEATH	Reg. Dist. No.	
1. PLACE OF DEATH O. COUNTY ARROLL	MARYLAND O. STATE	RYLHND	CHIZA	2026
RURAL and give nearest town) NEW WIND SOIN	YEARSXNE	TOWN (If outside corporate limits,	, write RURAL and give near	est town)
d. NAME OF HOSPITÄL (If not in hospital, give street od OR INSTITUTION	dress) d. STREET A	DDRESS	e	IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print) FD WARD	C, Middle I XLE	4. DATE OF DEATH	Manth Day	Year 19.5
5. SEX 6. COLOR OR RACE 7. MARRIED WILLIAM WIDOWED	DIVORCED 8. DATE OF BIRT	9. AGE (1 last bir	ath-days.	Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER-TEACHER C.	111 - 1 - 1 11.	LACE (State or foreign country)	12. CITIZEN OF	WHAT COUNTR
13. FATHER'S NAME	010101111	MAIDEN NAME		. 0 .
URIAH BIXLER	SAR	77H MYE	ERS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes no or unknown) (If yes, give wor or dates of service)	VONE MRSKUTH	BARNETT	VEW WIN	SAR/L
18. CAUSE OF DEATH [Enter only one couse per line	for (0), (b), and (c).]	4	INTER	VAL BETWEEN
PART I. DEATH WAS CAUSED BY:	rebral so	tening		WA
DUE TO				
Conditions, if ony, which (b)	•	9		7
couse (o), stoting the <u>under-</u> lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT		. WAS AUTOPSY PERFORMED? YES NO NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	8E HOW INJURY OCCURRED. (Enter nature o	f injury in Port I or Port II of item	18.)	
Hour o. m. While	JRY OCCURRED Not while of work 20e. PLACE OF INJURY (I foctory, street, affice	Home, form, 20f. (City or town) e bldg., etc.)	(County)	(Stote)
21. I certify that I attended the deceased	for 1 Jan 1, 1950	10	195, that I last say	w the decease
alive an 195	2_, and but death accurred at	11	ouses and an the date	
ACTUAL SIGNATURE PROCESSION	Dans M.D. 15t	rem PER	Mestry	Ler Sign
PHYSICIAN'S DR.ERE	ESE WILL	SENS	M	d k
220. BURIAL, CREMATION, 22b. DATE THEREOF 2 BREMOVAL (Specify) 1/18/5-8	PIPE CREEK	22d. LOCATION (City	LL COUNTY	(State)
73. PUMERAL DIRECTOR'S SIGNATURE	ADDRESS 4 /	24g. REC'D BY REGISTRAR 24	b. REGISTRAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNER. IRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57



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VS A15 (4) 1SM 10/57

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With M	1)	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12316

CERTIFICATE OF DEATH

								keg. Disi	r. 140.	
1. PLACE OF DEATH o. COUNTY	arroll	165	MARYLA		o. STATE Maryla		ed lived. If institut b. COUNTY			ssion)
b. CITY OR TOWN (RURAL and give n Middle		300	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF		orote limits, write		ve nearest tov	vn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, c	ive street	oddress)		d. STREET ADDRESS		34012 04		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fii Je	st BSE	Middle Albert	18	Bostian	4. DATE OF DEATH	Novem		Doy 28	Yeor 1958
5. SEX	6. COLOR OR RACE	7. MARI	NEVER MARRIED DIVORCED		Tuly 22. 18	79	9. AGE (In years lost birthdoy) 79 yrs.		YEAR IF UND	
10a. USUAL OCCUPATION during most of wor elevator	ON (Give kind of work king life, even if retired)	KIND OF BUSINESS OR I			or foreign			ZEN OF WHA	T COUNTRY
13. FATHER'S NAME					4. MOTHER'S MAIDEN	NAME				
	acob Bost					Sarah	Eyler			
15. WAS DECEASED EVE (Yes, no, or unknown)	IR IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO. 216-10-9805		B. Jesse A.	Bosti		leburg	. Md.	
CA	the under- DUE TO (c)) DITIONS_(CONTRIBUTING TO DEATH					VEN IN PART	PERF	AUTOPSY DRMED?
	MEDICAL EXAMINER)		CRIBE HOW INJURY OCC							
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While of wor	_ Not while	factor	OF INJURY (Home, form , street, office bldg., etc	n, i 20f. (Cif.	y or town)	(Co	ounty)	(State)
21. I certify the alive on	at 1 attended the	decease, 19 S	~	2 8 eath ac	1958, to 7. courred at 220	PM, from ADDRESS (S	m the causes of treet, city or town,	and an the		
220. BURIAL, CREMATIO REMOVAL (Specify) Burial			200 NAME OF CEMETER				TION (City, town.		(Sto	le)
Merwyn C.	S SIGNATURE TUS	4	ADDRESS		24a. REC'	D BY REGIS	TRAR 24b. REG!	STRAR'S SIGN	11	

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District Colors	olient America	216-10-9 05			C

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12317

CERTIFICATE OF DEATH

	Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 3/2 471	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL HI not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS BOX 160 A BOX 160 A BOX 160 A
3. NAME OF DECEASED (Type or print) ELSIE VIRBINITY	BROOKS PEATH Month Day Year 1958
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8 DATE OF BIRTH Au 13 188 4 9. AGE (In years lost birthdoy) 7 4 yrs. 1 F UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
during most of working life, even if retired) Select Wash	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY Maryland 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME William C. Burall	Laura M Haines
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or ambhown) (If yes, give wor or dates of service)	NAUTICE C Brooks Ry Walunder Mis
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stoting the under.	at lung. Interval Between onset and Death years
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter noture of injury in Port 1 or Port 11 of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED fac by Mile of work of work to the p.m. 19	ctory, street, office bldg., etc.)
21. I certify that I oftended the deceased from 100-100 olive on 10013, 1958, and that death ACTUAL SIGNATURE AUGS AMES AMES AMES AMES AMES AMES AMES AME	occurred at JDM, from the causes and an the date stated above ADDRESS (Street, city or town, state) M.D. JDMS LIMITED THE STATE SIGNET ALTERSALIZATION AL
220. BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY O REMOVAL (Specify) 11/17/58 Mt. Olivet	(55.5)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUM - K	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Outling & Kanna

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TO HOSPITAL registror TO FUNER C pode the

PHYSICIAN'S W. Glenn Speicher Main St. Westminster, Maryland NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Dec.1, 1958 Westminster Cemetery Westminster. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Westminster, Maryland John R. Byers arthur S. Hrays DATEDEC

2315

e. IS RESIDENCE

Days

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INTERVAL BETWEEN ONSET AND DEATH

> 19. WAS AUTOPSY PERFORMED? YES NO

> > (State)

ON A FARM?

YES NO T

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CERTIFICATE OF DEATH

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Reg.	Dist.	No.					

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1. PLACE OF DEATH o. COUNTY Carroll

MARYLAND

o. STATE Maryland.

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTYBaltimore City 3]

c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Sykesville 5mths.23 days d. NAME OF HOSPITAL (If not in hospital, give street oddress)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 6 d STREET ADDRESS

Springfield State Hospital.

5417 Balle Vista Avenue

Maryland (Baltimore

. IS RESIDENCE ON A FARM? YES NO T

Yeor

NAME OF DECEASED (Type or print) 5. SEX

Bessie 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED

Margaret

Middle

Caldwell DATE OF BIRTH

11 9. AGE (In years last birthday)

1058 IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours

Female

White

WIDOWED [7] DIVORCED [

F.W. Woolworth

March 30. 1896 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)

14. MOTHER'S MAIDEN NAME

Month

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

during most of working life, even if retired)
(Housewife) Waitress 13. FATHER'S NAME

Walter Griggs

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

Margaret Cooper

Address

Months

no

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 216-16-4563

Hospital records.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which

gove rise to immediate couse (o), stoting the underlying couse lost.

DUE TO DUE TO

Chronic Rheumatic Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOFSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item ,18.)

PERFORMED? NO [

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c, TIME OF INJURY Month, Doy, Year Hour o m

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

20d. INJURY OCCURRED Not while of work of work

ADDRESS

20e. PLACE OF INJURY (Home, form, 20f, (City or town) foctory, street, office bldg., etc.)

(County)

(Stote)

DATE SIGNED

11-21-

21. I certify that I attended the deceased fram 5-28-

21- 1958 .. that I last saw the deceased

Agustin del Campo.M.D

William Cook, Inc., 1217 St. Paul Street

Springfield State Hospital Sykesville, Maryland,

DATE OV 2 5 '58

11-22-58

(Stote)

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

BURIAL

22a BURIAL, CREMATION, 22b. DATE THEREOF 11-25-58

22c. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery 22d. LOCATION (City, town, or county) Baltimore

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

and that death occurred at 9.80 Am, from the causes and on the date stated above.

Circung & Hours

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HOSPITAL FUNER

VS A15 (4)

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	Z TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4	may be retained by the haspital or attending physician.	irecto	page 3 strong be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the 2 should be filed with		
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	CERTIFIC.	ATE OF DEATH	Reg. Dist.	. No.
	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased I	lived, If institution Residence b. COUNTY	before admission)
-	b. CITY OR TOWN (If outside corporate limits, write PURAL and give negarest town)	c. CITY OR TOWN (If outside corporo	te limits, write RURAL and giv	e nearest town)
7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	20 ru	IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print) TOHN — WILLIA Middle	CAPF 4. DATE OF DEATH	Month 5	VES NO 79
-	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	-///	Lord Bright day &	YEAR IF UNDER 24 HRS. Pays Hours Min.
100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during men of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign cou		EN OF WHAT COUNTRY
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	u K	9.71
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT - Oddie Shilke	- upper	md
	IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Communication	y Thumbo	us	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (b) arters	ordennis		5 yrs
	gave rise to immediate couse (a), stating the under-lying cause lost.	tomin		5yr
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART I	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	206. ACCIDENT WAS UNDERLYING ACCOUNTIED TO CONTRIBUTING ACCURRING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port I	1 of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Land 19 While Not while of work at work 19	LACE OF INJURY (Home, farm, 20f. (City of cotory, street, office bldg., etc.)	r town) (Co	unty) (State)
	21. I certify that I attended the deceased from NoV alive an The Court of the country of the cou	, 1956, ta NOV22 h accurred at 10P M, from		st saw the decease
	ACTUAL SIGNATURE WIN Frommel	M.D. MANCH C	set, city or town, state)	11-24-5
	PHYSICIAN'S WH FOATO M. 1	D MA	nchest	er, Md.
220	BURIAL, CREMATION, 276. DATE THEREOF, 225 HAME OF CEMETERY CONTROL (Specify) 23/18 225 HAME OF CEMETERY CONTROL (Specify)	& com Man	ON (City, town, or county) chester; Elec	woll to my
23	du a Tipton, Hampston	240. REC'D BY REGISTR. DATEOV 2 5 '58	AR 246. REGISTRAR'S SIGN Orthug S. Kr	

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CERTIFICATE OF DEATH

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	COUNTY	arroll		MAI	RYLAND	2. USUAL RESID o. STATE		vhere deceose yland	b. COUN	TY -	to.C1	
Ь	RURAL and give n	f outside corporate limi	ls, write	c. LENGTH OF STA		c. CITY OR TO	OWN (IF	outside corp	orote limits, writ	e RURAL ond g	give neorest	town)
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d	OR INSTITUTION	AL (If not in hospital, g	ive stree	t oddress)		d. STREET AS						RESIDENCE
	Spring	field State	Hos	spital			815	5 Kava	naugh Re	d.		S NO M
D	NAME OF DECEASED Type or print)	Fir Jan		Aust		Casey		4. DATE OF DEATH		onth ember	Ili,	Yeor 19 58
5. SI	Male	6. COLOR OR RACE White		RRIED NEVER MAR		April 2	20,	1899	9. AGE (In year lost birthdo		_	INDER 24 HRS.
10o.	during most of work	ON (Give kind of work of king life, even if retired rector	done 10b	. KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPU			country)		S.A.	HAT COUNTRY
13. F	FATHER'S NAME					14. MOTHER'S					A.	
	Andrew Ca	SAV						McInti	ra			
	WAS DECEASED EVE	R IN U. S. ARMED FOR		S. SOCIAL SECURITY N	O. 17. INF	ORMANT				ddress		
ĮYes,	No or unknown)	(If yes, give wor or dates of s	ervice)	232-09-411	19	Spring	iel	d Hosp	ital Re	cords		
	PART 1. DEA 4 20, Conditions, if o gove rise to i couse (o), stoting lying couse lost.	the under-) P	Myocardial sclerotic	infar	ary thre	odino	sis		GIVEN IN PARI	Ho	L BETWEEN AND DEATH
CERTIFICATION		es oc. With								ase.	YES	RFORMED?
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of	injury ir	n Port I or Pa	rt II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	INJURY OCCURRED Not while ork of work		E OF INJURY (H	bldg., e	ic.)			County)	(Stote)
		at I attended the Vember 14, Lune C. Irene L. H	19	Tefuces	29. at death o	occurred at. D. Sprin	7:5	ADDRESS (See 1 St	r 14, 19 m the cause street, city or too ate Hos	s and an th	last saw he date s	the deceased tated above DATE SIGNED 1/15/58
220.	BURIAL, CREMATIO	NOV. 1		22c. NAME OF CE	Rede				TION (City, low	n, or county)	Md	(Stote)
_	FUNERAL DIRECTOR			ADDRESS			240. REG	C'D BY REGIS	TRAR 24b. RE	GISTRAR'S SIC	SNATURE	
J	OHN J. I	OUD A 792	2 W:	ise Ave.	22.	Md.	VAMO	1 8 '58	and	thung 8 th	and A	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 y the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be repaired by the hospital or attending physician.

TO FUNERA IRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shalld be detached for use as the burial-transit permit. Then please remay carbon papers. Pages 1 the registrar prior to burial, cremation, ar remayal, and in any event within 72 have death. VS A15 (4) 15M 10/57

TO THE PERSON OF	NO STATE DEVAMPN	
	CERTIFICATE	
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CHAIR COMMISSION AS A PRINCE OF THE COMMISSION O	est on the	See 7 12 .7 2 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death: Page 4	funeral director, Id be filed with	M
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death: Page 4	moy be retained by the hospital or ottending physician. TO FUNERA RECTOR: After this certificate hos been signed by the ottending physician and completely filled the funeral director, and page 3 strands be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 2 should be filed with	0
be executed wit	n and completely arbon papers. P	frer deoth.
deoth certificate	Itending physicia please remove co	the registror priar to buriol, cremotion, or removal, ond in ony event within 72 hours after death.
equires that the	signed by the of	d in ony event v
JAN: The law re	tending physicia ificate hos been the buriof-trons	, or removal, on
ENDING PHYSIC	he hospital or of R: After this cert oched for use os	buriol, cremotion
PITAL OR ATTI	ERA RECTO	gistror priar to b
TO HOS	5 A15 (4 M 10/5	e re

	12	321	CERTII	FICATE C	F DEATH		Re	g. Dist. No.	12319
1. PLACE OF o. COUNT		ll	MARYL	II a STA	L RESIDENCE (Whe		. If institution: R	andence before	odmission)
PALLY d. NAME	R TOWN (If outside corporate of the corp	welle	c. LENGTH OF STAY I	XTIN	REET ADDRESS	Virghe Carporote ling Virghe	mis, write RURAL	e.	IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or p	G. G.	First	A Middle	noton	Lisse-	4. DATE OF DEATH	Month	Doy	Year 19-5-8
5. SEX	all, Esta	WIDOW		O QUE	17/90	30 5		NDER I YEAR IF	UNDER 24 HRS.
10o. USUAL C dyring m 13. FATHER'S	Manual of working life, even	it refired)	HELENAL DE	7	THER'S MAIDEN N	nd.		2. CITIZEN OF	WHAT COUNTRY?
15. WAS DES	EASED EVER IN U. S. AR	RMED FORCES? or dates of service)	15-04-090	17. INFORMAN	Helw Co	atentin	Address , - Ol	rkient	& med.
75 Condit gave (couse (c	ART I. DEATH WAS CAL IMMEDIATE One, if ony, which rise to immediate ob), stoting the under-	JSED BY:	arcinomin á fabacio, bruction,	anum	un, g	eneroly etter fine todo	d d		AL BETWEEN AND DEATH 15-5- TO 195
2	ART II. OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELA	TED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN I		WAS AUTOPSY PERFORMED? ES NO
OR CON	CIDENT WAS UNDERLYIN TRIBUTING [] CAUSE O R. NOTIFY MEDICAL EX	F DEATH	CRIBE HOW INJURY OC	CURRED. (Enter no	oture of injury in P	ort I or Port II of	item 18.)		
	OF INJURY Month, ur a.m. p.m.	Day, Year 20d. I While of wo	Not while	20e. PLACE OF IN foctory, street	JURY (Home, form, , office bldg., etc.)	20f. (City or tov	vn)	(County)	(Stote)
ACTUAL SIGNATU PHYSICIA NAME (T	IRE HOW	AE GARD B	AL PROPERTY.	death accurre	d at 2:24 A		causes and	an the date	the deceased stated abave. DATE SIGNED DAYY S. T
REMOVA	CREMATION, 22b. DAT	3-58	22c. NAME OF CEMEN	TO CREMATE	ist !	22d. LOCATION (City, town, or con	arroll	(Stote) Gul
Mento	ELE LY: Y	Mayer	Mykind	u, ma	DATED EC	2 '58	arthur	8 House	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12322

CERTIFICATE OF DEATH

Rea Dist No

DECEASED PRIOR STATE TO COLOR DRACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH (1790 or print) (1790 or pri		neg. visit ito.
TO LANGE OF DEATH [Enter only one course per line for (a), (b), and (c). NAME OF DEATH Total or work down of which	o COUNTY ///	O STATE
**NAME OF HOSTITUTION O'R FARMS O'R FIRST O'R A FARMS O	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN	1 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
D. NAME OF HOSTITALIST (or in hospitol, give street oddress) D. NAME OF DECEASOR (First Middle DECEASOR) D. SEX & COLOR OF BACE MARKED NEW MARKED NAME OF BIRTH OF BATH		" Kural - Ankenelle.
DECEASED (Type or print) (Type or print	8. NAME OF HOSPITAL Of not in hospital, give street address) OR INSTITUTION	U. STREET ADDRESS e. IS RESIDENCE ON A FARM?
DOU USUAL OCCUPATION (Give kind of work done during mg/b of vorting life, even if relired) 3. EATHER'S NAME 3. EATHER'S NAME 3. EATHER'S NAME 3. EATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER INJU. S. APPLED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: 19. AND JUNE TO JUNE SIGNIFICATION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WER AUTOPSY YELLOW DOWN TO THE PART 1 (o) 19. WERE AUTOPSY YELLOW DOWN	DECEASED	Oct 1 OF The Dell 10
3. FATHER'S NAME 5. WAS DECEASEDEVER INJU. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF IMMEDIATE CAUSE OF DUE TO Condition, if only, which gove rise to immediate couse (o) OUE TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WIS AUTOPSY PERFORMED? PERFORMED? OR CONTRIBUTING TO CAUSE OF DEATH OUT TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WIS AUTOPSY PERFORMED? PERFORMED? OR CONTRIBUTING TO CAUSE OF DEATH OUT TO CONTRIBUTING TO CAUSE OF DEATH OUT TO CAUSE OF DEATH OUT TO CONTRIBUTING TO CAUSE OF DEATH OUT TO CAUSE OF DEAT	My 1	lost birthdoy) Months Days Hours Min.
S. WAS DECEASED EVER INJU. S. ARMED FORCES? I. B. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one course per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:	during most of working life, even if refired)	INDUSTRY W. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
It yes gove wor or dote of services A.M. M.M.	13. FATHER'S NAME OOOK	14. MOTHER'S MAIDEN NAME Elinabeth Miller
PART I. DEATH WAS CAUSE DEATH DOCUMENT DEATH WAS CAUSE DEATH		Mrs anie Oosk - Austerible, Md.
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21. I certify that I attended the deceased from Au., 1957 to Nov., 1958, that I lost sow the deceased alive on 1958, and that death occurred at Good M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, or county) ADDRESS (Street, city or town, or county) ADDRESS (State) 22c. NAME (Type) 22d. LOCATION (City, Jown, or county) ADDRESS FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	OR CONTRIBUTING LI CAUSE OF DEATH	CURRED. (Enter nature of injury in Part I or Part II of item 18.)
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Jetting of Harris Charlevelle Mil		ERY OR COUNTRY (22d. LOCATION (City Jown, or county) (Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS!	U MA NOVA - 150

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TO FUNERAL RE

VS A1S (4) 15M 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12323 **CERTIFICATE OF DEATH**

12321

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Carrell		MARYLAND	II O STATE	Maryl	of the same	ived. If instituti b. COUNTY		e before add	mission)
	(If outside corporate limit	s, write	c. LENGTH OF STAY IN 16 5 years	c. CITY OR	OWN (If o	The State of the S	te limits, write R		ve nearest l	own)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, gi		ddress) van Road	d. STREET A	DDRESS oute	Sulli	van Roa	.d	10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Firs John		Middle Alenze	Grumbi.		4. DATE OF DEATH	Nov.		Day	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARRI	DIVORCED	May 31,		9.	AGE (In years last birthday) 74 yrs.		YEAR IF UI Days Hou	NDER 24 HRS. urs Min.
Labore		lone 10b. K	Farm	Car	roll	County,	Md.		J S A	HAT COUNTRY
13. FATHER'S NAME	William	Comm	ahi e	14. MOTHER'S	MAIDEN N	10.6				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. S		INFORMANT	NIG (OFF	Add	ress	-	
(Yes, no, or unknown)	(If yes, give war or dates of se	213	-05-3139	Charles	Curmb:	ie R. 3	Westm	inster	. Md.	A COLOR
	ATH [Enter only one con ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		e for (o), (b), and (c).]	levotic	He	art 1	Direa	el	INTERVAL ONSET A	BETWEEN ND DEATH
Conditions, if gave rise to catse (o), stoting lying couse last	immediate DUE TO									337
PART II. OT	THER SIGNIFICANT COND	DITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THETERMI	NAL DISEASE C	CONDITION GIV	EN IN PART	PEF	AS AUTOPSY REFORMED?
	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature a	f injury in P	Part I or Part II	of item 18.)			
Y 20c. TIME OF INJU Hour a. m. p. m.	10	20d. IN While of work	Nat while f	LACE OF INJURY (actory, street, office	Hame, farm, bldg., etc.	, 20f. (City or	town)	(Co	ounty)	(State)
11/	hot I attended the	deceose	,				1958			
olive on_// 0	1 1 3	_, 1938	, ond that deat	h occurred of					e date st	
ACTUAL SIGNATURE	WHT	va	nd.	M.D. M	ani	//	et, city or town,	Md	11-	10 - SJ
PHYSICIAN'S NAME (Type)	W.H	Fo	Ard M.g.) 1	IAN	che	ster	, u	4	
220. BURIAL, CREMATII REMOVAL (Specify Buria	ON, 226. DATE THEREO		22c. NAME OF CEMETERY O				N (City, town, c tminster			Stote)
23. FUNERAL DIRECTO		To To a de	ADDRESS		The second second	BY REGISTRA		STRAR'S SIGN		
Outh 1	r DAGL2	71 C S L TO	IDSLET MITT	200	DATE OF	14 4 150	1 (1 2	Eug 8 99	LanteA	

WASHEADD STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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VS A15 (4) 15M 9/55

	14044	CERTIFICA	715	OI DEATH	•		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY	Carroll	MARYLAND		STATE Mar	yland		Alle			on)
b. CITY OR TOWN RURAL and give Sykesvi	N (If outside corporate limits, write nearest town)	17yrs.lmo.4d		CUM Cum	utside corpo berla		URAL and	give near	rest town	
OR INSTITUTIO	PITAL (If not in hospital, give street in hospital)		d	STREET ADDRESS 603	Gree	ne St.				DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	First Kathleen	Middle Veronica		DAVIS	4. DATE OF DEATH	Novemb		12,		1958
5. SEX Female	6. COLOR OR RACE 7. MARE WIDOW		1	e of Birth ch 30, 1894	4	9. AGE (In years lest birthday) 9. 4 yrs.	Months	Doys Doys	Hours	R 24 HRS. Min.
during most of w	ATION (Give kind of work done 10b. vorking life, even if retired)	kind of Business or INDU	JSTRY 1	Maryland	or foreign o	country)	12. CIT		S.A.	COUNTRY
13. FATHER'S NAME Edward	Da vis		14.	Mary Cord						
15. WAS DECEASED E	(If yes, give wor or dates of service)	None 17.	Spr	ingfield H	ospit	al Record				
	f any, which be immediate and the under-	ing abscess wi	th e	mpyema, ri	ght 1	ung		ONSE	RVAL BE ET AND eeks	DEATH
Schizop	other significant conditions, hrenic reaction, was underlying [] ng [] cause of death		•				'EN IN PAR	T 1(o) 19	PEREO YES	RMED?
(IF EITHER, NOT	JURY Month, Day, Year 20d. I m. While	Not while fe		- INJURY (Home, form, treet, office bldg., etc.		y or town)	((County)		(Stote)
21. I certify olive an N. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the decease ovember 11, 19	l Campo.	M.D.		AM, fro	m the causes of street, city or town.	and on the		e state	
220. BURIAL, CREMA REMOVAL (Spec Burial		22c. NAME OF CEMETERY C	-	aul's	Cum	ation (City, town, aberland,		land	(Stote	e)
23. FUNERAL DIRECT		ADDRESS rland, Marylan	nd		D BY REGIS		STRAR'S SI			

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Part of Cherry						

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12323

12325 CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institution, Residence before admission) a. COUNTY Carroll Maryland b. COUNTY-Baltimore MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAS and give nearest town)
Sykesville Baltimore, 18. 64 Months . IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSUFFICIAL State Hospital ON A FARM? ISISI Fernley Rd. YES NO TH 4. DATE OF November NAME OF Lydia Mary Etzweiler Dockstader Month Year 8 DECEASED (Type or print) 9. AGE (In years 7 lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH Female White Months Daw WIDOWED K DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWILE U.S.A. Pennsylvania 13. FATHER'S NAME William Etzweiler 14. MOTHER'S MAIDEN NAME Polly Ritzman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Elizabeth Conrad Chew 1515 Fernley Rd. (חינים ויון Baltimore IS. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Broncho Pneumonia IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY C.B.S. associated with Cerebral Arteriosclerosis with Psychotic Reactions No Mo 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) WEDICAL 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, affice bldg., etc.) Hour a.m While Not while at wark at wark 21. I certify that I attended the deceased from TO/22/58..., 19...., to II/I/58...., 19...., that I last saw the deceased and that death occurred at II-CCPM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Campo ACTUAL

carbon physician death certificate hours within 72 attending that þ been signed per burial-transit removal has certificate USe After detached retained by the be OR FUNER 9 0 VS A15 (4)

PHYSICIAN'S

NAME (Type)

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ofter death. Page

within 24 haurs

REMOVAL (Spedify) Ruck, Inc. 5305 Harford Rd. 23. FUNERAL DIRECTOR'S SIGNATURE

Augustin

22a. BURIAL, CREMATION, 22b. DATE THEREOF

Del Campo, M.D.

22c. NAME OF CEMETERY OR CREMATORY

Udd tellows (em

22d. LOCATION (City, town, or county)

revertor

24g. REC'D BY REGISTRAR DATNOV 5

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

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hospital or attending physician.	After this certificate has been signed by the ottending physician and campletely fille by the funeral director.	ned far use as the burial-transit permit. Then please remave carbon papers, Pages 1 2 should be filed with	ial, crematian, ar removal, and in any event within 72 haurs ofter death,
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12327

CERTIFICATE OF DEATH

12325

Reg. Dist. No.

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1.	o. COUNTY Carroll			MARYL	AND	2. USUAL RESID o. STATE Marvl		re deceased	l lived. If instituti b. COUNTY				
	b. CITY OR TOWN (II	outside corporate limi	ts, write	c. LENGTH OF STAY II	NIB	c. CITY OR TO	OWN (If ou	tside corpor	ote limits, write R	URAL and g	ive near	rest fow	1)
	Sykesvil	le.		21 yr. 5m.	190	Bal	timor	e Cit	y	3 V	1-	4	,
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d. STREET AL					1	. IS RES	IDENCE FARM?
		eld State	Hosp:	ital				-				YES [NO 🔀
3.	NAME OF DECEASED (Type or print)	CHRIS		Middle		GEORGE		4, DATE OF DEATH	Novemb		Day		Yeor 1958
5.	SEX	6. COLOR OR RACE	7. MAR	RIED A NEVER MARRIED		DATE OF BIRTH			9, AGE (In years		YEAR		
	Male	White	WIDOW			Unknow			last birthdoy) 64 ? yrs.		Days	Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUST	TRY 11. BIRTHPLA	CE (Stote or	foreign co	untry)	12. CITI	ZEN O	WHAT	COUNTRY
		ing life, even if retired				G	reece				?		
13	. FATHER'S NAME					14. MOTHER'S	MAIDEN NA	ME					
1	?						9						
15	. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Add	rest			
(A		If yes, give war or dates of s			Re	cords. S	bring	field	State H		7		
=		THE SECTION SECTION		- 6-7-7-163			1						
		TH WAS CAUSED BY:		ne for (o), (b), and (c).]			J				ONSI	RVAL BE	DEATH
		IMMEDIATE CAUSE (0)	cute corcna	ary :	insuille	iency				Mi	nute	S
	4-20.0	DUE TO											
	Conditions, if or		, E	lrterioscler	roti	c heart	diseas	se			Ye	ars	
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	lying couse lost.) (c											
NO.	PART II. OTH			CONTRIBUTING TO DEAT				AL DISEASE	CONDITION GIV	EN IN PART	1(0) 19	. WAS	AUTOPSY
3		Schizoph	renic	reaction,	para	anoid ty	pe						RMED?
CERTIFICATION	200. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of	injury in Po	rt I or Port	II of item 18.)				
		CAUSE OF DEATH											
Š	20c. TIME OF INJURY	Month, Day, Yes	or 20d. II	NJURY OCCURRED 2	Oe. PLA	CE OF INJURY (H	lome, form,	20f. (City	or town)	(Co	ounty)		(Stote)
MEDICAL	Hour o.m.	19	White of wor	k ot work	tock	ory, street, office	bldg., etc.)	8					
-		at 1 attached the		ed from March	7	2055	. Nor	ramhas	r 30, 1958			-1	
	alive on NOV				_1_2	, 17_2	, 10 11 Q	euine i	29, 1920	,that I le	ast sa	w the	deceased
	alive on NOV	ember 30	19	and that o	death (accurred at_			the causes o		e dat		
	ACTUAL	7.	200	Cambo	mil	0		414	eet, city or town,			DA	ATE SIGNED
	ACTUAL	received c	un	CNINGSE	M	.b. Spri	ngile.	La Dita	ate Hosp:	lta].			
	PHYSICIAN'S A	gustin del	Camp	o, M. D.		Syke	sville	e, Mai	ryland				
22	O. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c NAME OF CEMET	ERY OF	CREMATORY	Box	2d. LOCATI	ION (City, town, o	or county)		(Stote	•)
23	FUNERAL DIRECTOR'S	SIGNATURE	111	ADORESS	111	109	240. REC'D	BY REGISTR		STRAR'S SIG			
	Frank ,	J. Keny	11/	Mikeril	6,	MA.	DATEC	5 '58	art	hur S. +	traus		

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12328

CERTIFICATE OF DEATH

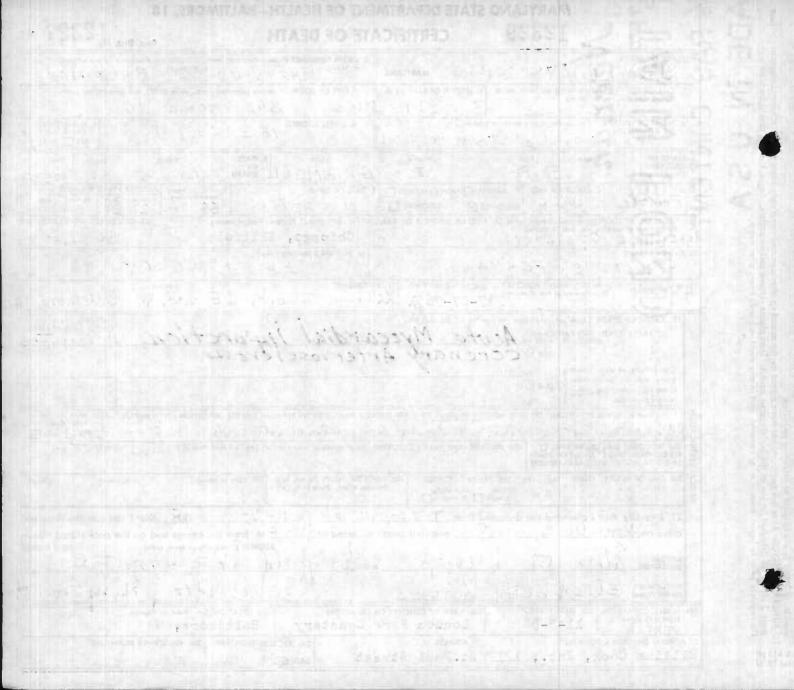
				Keg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution in the country	n: Residence	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporote limits, write RL	JRAL ond give	e nearest town)
	.6mo.2days	Baltimo	re City		3401-
d. NAME OF HOSPITAL (If not in haspital, give street addres OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE
Springfield State Hospital		417 N.	Milton Avenue		ON A FARA
3. NAME OF First	Middle	Lost	4. DATE Mont	b	Day Year
(Type or print) Assunta	Pallesch		OF Novem		5 195
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)		FEAR IF UNDER 24 I
Female White WIDOWED	DIVORCED	11-27-82	75 yn.	Months Do	ays Hours Mi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or fareign country)	12. CITIZE	N OF WHAT COU
Housewife		Italy		(Al	ien) Ita
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
Peppine (Giuseppe Giorda	no)	Theresa Ma	schetti		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA		NFORMANT	Addr	ess	
(Yes, no, or unknown) (If yes, give wor or dates of service) 21.7-	-32-8557 F	Hospital recor	ds		
18. CAUSE OF DEATH [Enter only one couse per line for	(a), (b), and (c).]				INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corona	ary Occlusio	on			Minutes
420, 1 DUE TO					
Conditions, if any, which) (b) Myocal	ditis				Years
gave rise to immediate (Icars
lying couse last.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTR CBS associated with disturbed senile brain disease, with 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ance of meta	abollsm. growt	hal disease condition given the or nutrition	n, Wit	(a) 19. WAS AUTOR PERFORMED YES NO
		D. (Enter noture of injury in Po	ort I ar Port II of item 18.)		
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21. I certify that I attended the deceased fro	m May 3	, 19.55 , to Nov	rember 5 , 1958	that I las	st saw the dece
alive an November 5 , 19 58		accurred at 6:30A.	M, fram the causes a	nd an the	
41, 51.	1		DORESS (Street, city or town, s	-	DATE SI
SIGNATURE A RULLA	a hail	M.D. Springfield	State Hospit	al	11-5
PHYSICIAN'S Ilse Kamm, M. D.		Sykesville,	Maryland		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. REMOVAL (Specify)	NAME OF CEMETERY OF	DEEMER.	22d. LOCATION (City, town, o	r county)	(State)
23. FUNIFIAL DIRECTOR'S SIGNATURE	ADDRESS 225	High & DATE NO	14 0 150	TRAR'S SIGNATURE & +	

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shot	15		d. NAME OF HOSPITAL (IF not in h OR INSTITUTION SPRINGER	-	TATE HOSP	ITAL	d. STREET ADDRESS	8 E. 24th
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ing physic se remave 272 haurs	T	15. (Ye	WAS DECEASED EVER IN U. S. AR/ i. no. or unknown) (If yes, give wor o	dates of service)	. SOCIAL SECURITY N 17-07-765	1 . / 1	formant herine Ecke	rt, 18 E. 24
the attending Then please re event within 72			18. CAUSE OF DEATH [Enter on PART I. DEATH WAS CAUSE IMMEDIATE OF THE PART OF	ED BY:	ine for (o), (b), and (c)	YOCA	redial i	nfarctio
signed by it permit. nd in any			Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying</u> couse lost.	(b)		4.		
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e hospit : Affer I ched fa urial, cr		d	21. I certify that I attend	ed the decea	-7	200	55, 19 to 11	M, fram the causes
PECTOR be deto rior to b	,		ACTUAL SIGNATURE Plisable	to 1	hiopp	м		ADDRESS (Street, city or tow
RAI shara istrar p			PHYSICIAN'S ELISA	beth	Knop	p	1 Sz	1 Kes ville
o FUNE page 3 the reg		220	BURIAL, CREMATION, 22b. DATE REMOVAL (Specify) 11-	THEREOF 5-58	Loudon		Crematory Cemetery	22d. LOCATION (City. town Baltimore,
_		00						

Reg. Dist. No. 12327

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1.	PLACE OF DEATH CARROL	L SYKESV	ILLE MARYLAN	O STATE	MARYLAN L	b. COUNTY	0	odmission) MORE
	RURAL and give near	utside corporate limits, write est town) ESV(LLE	3 470 3 MG	114 /	R TOWN (If outside corpora	MORE,		3 Val. 4
	d. NAME OF HOSPITAL	(If not in hospital, give stre		d. STREET		24 th st.	е. !	S RESIDENCE ON A FARM? ES NO
3.	NAME OF DECEASED (Type or print)	EDITH	Middle F	GRIM	MELL OF DEATH	Month Novembe	Doy 2	Yeor 1958
5.	Female	118/2/2	RRIED NEVER MARRIED	_ //	9-91	AGE (In years lost birthdoy) 66 yrs.	NDER 1 YEAR IF	UNDER 24 HRS.
Te	cephone of	(Give kind of work done 10) life, even if retired)	b. KIND OF BUSINESS OR II		PLACE (Stote or foreign cov ago, Illino:			S. A
13.	ATWOOD	S. FORI	YAN	14. MOTHER	S MAIDEN NAME EDITH	WILSO	N	
15. (Ye	WAS DECEASED EVER II	res, give wor or dates of service)		17. Informant Kallerine	Eckert, 18	E, 24K SI	Balti	more l'
	PART I. DEATH	rediote Dus TO	ine for (o), (b), and (c).	ocardii Arteri	d infar	etion	INTERV	AL BETWEEN AND DEATH
TIFICATION	1000	ted o urcula	S CONTRIBUTING TO DEATH try dis turbar ESCRIBE HOW INJURY OCCU	ice à ceret	ralarteriosis	Zeronis C	hen - YE	WAS AUTOPSY PERFORMED?
MEDICAL CER	(IF EITHER, NOTIFY ME	Month, Day, Year 20d Whi		e. PLACE OF INJURY foctory, street, off	(Home, form, 20f. (City o ce bldg., etc.)	r town)	(County)	(Stote)
	21. I certify that alive an Novel Signature Russician's NAME (Type)	rated the decentrate is a beth	-7	M.D. Spran	to 11-2- t8:45 A.M. fram ADDRESS ISTRE Sylles			the deceased stated above. DATE SIGNED
	BURIAL, CREMATION, REMOVAL (Specify) BURTAT.	11-5-58	Loudon Pa	RY OR CREMATORY Ark Cemet		on (City, town, or cou	nty)	(Stote)
	FUNERAL DIRECTOR'S S illiam Cool		ADDRESS .7 St.Paul St	treet	DATENOV 5 '58	24b. REGISTRAR		



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10	-	TO FUNERAL PIRECTOR: After this certificate has been signed by the attending physician and completely filled by the formeral director	-	elja.
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		31	CERT	IFICA	ATE OF D	EAIH			Reg. Di	ist. No.	LAU	40
. PLACE OF DEATH o. COUNTY Carr	011		MAI	RYLAND	2. USUAL RESID o. STATE Mary		re deceased	lived. If institution b. COUNTY	on: Resider	-	e odmiss	ion)
	(If outside corporate limits	s, write c.	LENGTH OF STA	Y IN 16			tside corporo	te limits, write R			rest town	1)
Syke	sville		21 da	ys			s. Mar	yland		/	3 X	-2
	PITAL (If not in hospital, gi				d. STREET AD					- 1		FARM?
	gfield State						od Dri] NO [
NAME OF DECEASED (Type or print)	JOHN		Midd	le	HARD		4. DATE OF DEATH	Mon		2		Yeor 1958
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARI	RIED	B. DATE OF BIRTH		9	. AGE (In years lost birthday)	IF UNDER		IF UNDE	ER 24 HI
Male	1144777 00	WIDOWED [_		11//1	3/87		70 yrs.	Months	Days	Hours	Min.
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. FATHER'S NAME					14 MOTHER'S	MAIDEN NA	ME					
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es, no. or unknown)	(If yes, give wor or dates of ser	rvice)	01 192	-								Md.
NO CAUSE OF	DEATH (Enter only one cou	920	V2	- 111	s. Russe	II Kar	nps	14 Shery	rood		A	sap
	EATH WAS CAUSED BY:	_		1-1						ONS	RVAL BE	DEATH
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requires that the death certificate be executed within 24 haurs after death. Page

ATTENDING PHYSICIAN: The law

TO HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—RAITIMORE 18

	123	35	CERTIFIC	ATE OF DEAT	TH		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY Carrol	1		MARYLAND	2. USUAL RESIDENCE (o. STATE Maryl		d lived. If instituti b. COUNTY	on: Reside		ore odmis	sion)
b. CITY OR TOWN (If a RURAL and give near Rural We	outside corporate limi rest tawn) estminster	ls, wrile	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo		URAL ond	give ne	arest tow	n)
d. NAME OF HOSPITAL OR INSTITUTION		ive street		d. STREET ADDRESS		12110 002			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Harm	on	Middle E •	tosi Hayden	4. DATE OF DEATH	Mon Nove		17	у	Year 19 58
Male	White	WIDOWI		B. DATE OF BIRTH May 7, 1887		last birthday) 71 yrs.	Months Months	R 1 YEAR Doys	Hours	Min.
Retired far 13. FATHER'S NAME John E. 15. WAS DECEASED EVER I 1/ve., no. or unknown) (If	mer Hayden	CES? 16.		Maryl 14. MOTHER'S MAIDEN Martha INFORMANT	and N NAME J. Gree	enAdd	ress	J.S.	A.	TCOUNTR
PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (o DUE TO , which mediate	1000	none he for (a), (b), and (c).] Lyemia hyanic	Vephrit		oute #7,	West	INT	ERVAL B	Md. ETWEEN DEATH ays
couse (a), stating the lying cause lost. 193 Part II. OTHER 20a. ACCIDENT WAS OR CONTRIBUTING CIF EITHER, NOTIFY MI	C SIGNIFICANT CON	:10	DETTENS ONTRIBUTING TO DEATH BY PACE de CRIBE HOW INJURY OCCUR		eun	E CONDITION GIV 1011 at 18.)	'EN IN PA	RT 1(o) 1	9. WAS	ORMED?
20c. TIME OF INJURY Hour o. m. p. m.		while	Not while	PLACE OF INJURY (Home, for octory, street, office bldg.,		y or tawn)		(County)		(State)

21. I certify that I attended the deceased from Hug 1952 to Nov 17, 1958 that I last saw the deceased

Thompson

1958, and that death accurred at 5:50 PM, from the causes and on the date stated above. DATE SIGNED

ACTUAL

PHYSICIAN'S NAME [Type]

226. DATE THEREOF

Nov.

Tancytown 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, tawn, or county)

ADDRESS (Street, city or town, state)

Md.

(State)

220. BURIAL, CREMATION, REMOVAL (Specify) Burial FUNERAL DIRECTOR'S SIGNATURE Son.

Evergreen Mem. Gardens ADDRESS

Taneytown, Maryland

Finksburg, 24a. REC'D BY REGISTRAR

MOU 2 1

Barvland 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

page 3 shows may be refer TO FUNERAL



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19221

		123	33	CERTI	FIC/	ATE OF DEATH			Reg. D	ist. No		OOT
1.	Carroll			and MARY	LAND	2. USUAL RESIDENCE (Whe	ere decease	ed lived. If institution b. COUNTY	on: Reside	nce befo	ore admiss	ion)
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If ou	Iside corp	orate limits, write R	URAL ond	give ne	arest town)
	1	Sykesville		Lyr.7mo.17	days	Baltimore		3 V	01-	-11		
	OR INSTITUTION	AL (If not in hospitol, g				d. STREET ADDRESS 1600 Tham	es Si	treet				PARM?
3.	NAME OF DECEASED (Type or print)	Fir Toive	st	Middle Rudolph		lost H el een	4. DATE OF DEATH	Mon		9	,	reor 1958
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D 📆	B. DATE OF BIRTH		9. AGE (In years			IF UNDE	
	Male	White	WIDOW	ED DIVORCED		3-17-1910		last birthdoy)	Months	Days	Hours	Min.
100	during most of work	ing life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDU	Massachus		country)	12. CI	TIZEN C	4.	COUNTRY
13.	FATHER'S NAME		PALE			14. MOTHER'S MAIDEN NA	AME					
1	Emil Helee:	n				Jennie	Lahi	bi.				
	18. CAUSE OF DEA		use per li	SOCIAL SECURITY NO. (2-10-9516) ne for (o), (b), and (c).] te myocardi	Но	nformant espital Record infaction		oringfield kesville		TINI ON		TWEEN
	Conditions, if on gove rise to in couse (a), stoting t lying couse lost.	nmediote (onary arter	rios	6lerosis				mo	onths	
FICATION	psychotic	reaction.				SAN LE VALED LO HERE AND LOS			EN IN PAI	RT 1(o) 1		NO [
L CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, TATTIFY	CAUSE OF DEATH	ZOB. DES	CRIBE HOW INJURY OF	CURRE	D. (Enter nature of injury in Po	ort I or Po	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.			NJURY OCCURRED Not while of work	20e. PL/ foo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (Cit	y or town)		County)		(Stote)
	21. I certify the alive an 11.						AM, fra		ind an t	he da	te state	

TO HOSPITAL TO FUNERA VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

RECTOR: After this certificate has been signed by the ottending physician and campletely filled

Then please remove corbon popers. offer

in ony event within 72 hours

prior to buriof, cremation, ar removal, and be detoched for use as the buriol-transit

BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)

Walter Knopp, M.D.

22c. NAME OF CEMETERY OR CREMATORY

Center Cemetery

23. FUNERAL DIRECTOR'S SIGNATURE
HOWard H. Hubbard 4107

PHYSICIAN'S NAME (Type)

ADDRESS Wilkens Ave.

240. REC'D BY REGISTRAR

Sykesville, Maryland

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

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2335	Item	le	FI CERTIFICATE OF DEATH

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				-	 	-	 					reference to the	-		-
	-				 										

1.	PLACE OF DEATH O. COUNTY	MARYLAND	11 4	o. STATE		re deceased	lived. If instituti b. COUNTY	on, Pesiden	ice befo	re odmiss	ion)
-	Carrolll b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 18		Maryland Kent c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	RURAL ond give necrest town)	11 Y L M 6 D		Still					-		,
-	d. NAME OF HOSPITAL (If not in hospital, give street	adjuste 2 to 5 to 40		d. STREET ADI			/ /	4 X =	856.	e. IS RES	IDENCE
	OR INSTITUTION									ON A	FARM?
-	Springfield State Hospit			Box 95							
3.	NAME OF First DECEASED	Middle		Last	1	4. DATE OF	Mor		Do	,	Yeor
	(Type or print) Myrtle	Howard		reland		DEATH	Novemb	-	23		19 58
5.	SEX 6. COLOR OR RACE 7. MARI] 8. DA	TE OF BIRTH		9	P. AGE (In years last birthday)	Months	Doys	Hours	R 24 HRS.
	Female White WIDOW		8	/22/90			68 yrs.		507.	110013	141111.
100	 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) 	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLAC	E (Stote o	r foreign co	untry)	12. CIT	IZEN O	F WHAT	COUNTRY?
	Housework	1112 12373		Mary]	and				U.S.	A.	
13.	FATHER'S NAME		14	MOTHER'S M		AME					
	James F. Ireland			Catheri	t no Li	oomo?					
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFOR		THO W	OOLOT	Add	ress			
(Ye	s, no or unknown) (If yes, give wor or dates of service)		Const	mmf4.07.6	Non	ratte?	Records				
-	The Cause of Brazil Sc		2 br. T	ustrere	nos	pregr	Mecords		1		
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED 8Y:								ONS	ET AND	DEATH
	IMMEDIATE CAUSE (o) I' &.	r advanced pu	Imor	ary tul	bercu	10318			3	rears	3
-	OO 2 X DUE TO										
	Conditions, if ony, which) (b)										
	gove rise to immediate cause (o), stating the under-										
	lying cause lost. (c)										
Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT	RELATED TO TO	HE TERMIN	AL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 1		
N	Psychosis with mental de	eficiency								YES	RMED?
IF	200. ACCIDENT WAS UNDERLYING 20b. DES	CRISE HOW INJURY OCCUR	RED. (En	ter noture of i	njury in Po	ort I or Port	II of item 18.]			-	
CERTIFICATION	206. ACCIDENT WAS UNDERLYING DOB CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
		NJURY OCCURRED 20e.	PLACE	OF INJURY (Ho	me form	20f (City	os town!		County)		(Stote)
MEDICAL	Haur a.m. While	Nat while	factory.	street, office b	ldg., etc.)	1201. (City	or rawing	"	County		(31016)
¥	p. m.	k ot work									
	21. 1 certify that I attended the deceas	ed from March 7		. 19.55.	to_No	vembe:	r 23 1958	,that I	last so	w the	deceased
	alive on November 23 , 19	58, and that dea	th occ	urred at 8	:06a	M, from	the causes of	and an ti	he da	te state	ed above.
	a	1 1 1	9				eet, city or town,				ATE SIGNED
	SIGNATURE Copusting d	el Camp	MA	Sprin	nefie	ld St	ate Hosp	ital		11/2	3/58
	4-										
	PHYSICIAN'S NAME (Type) A prestin delCampo.	M.D.		Syke	svill	e. Md					
220	BURIAL, CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY	-OP. CAL				ON (City, tawn,	or county)		(Stot	a)
	REMOVAL (Specify)	n/ 0x 11	///	unla	1 /3	2// C	Altino	(AL)	1	(3101	e)
22	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	LAGI	moon	7/100	BY REGISTR	AD 24 DEC	STRAR'S SIG	GNIATIN) F	
6	The state of the s	1 1 Marie		Milk		OT KEGISTK	ZAD. KEGI	31 KAR 3 310	SINATUI		
2	name To flemmen,	MANUELL	P	1/1/1/0	AFEC.	1 '58	0.1	8 +	Canal .		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNER PRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 14 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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12334

12336 CERTIFICATE OF DEATH

14000	CERTIFICA	TIL OI DLAIII	Reg	p. Dist. No.
PLACE OF DEATH o. COUNTY Carroll	MARYLAND	CTATE	ne deceased lived. If institution, Rend b. COUNTY	sidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hannyton				and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS 1804 M	aryland Avenue	IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED (Type or print) Edward	Middle	Johnson	4. DATE Month Of DEATH November	Doy Yeor 11 1958
		8. DATE OF BIRTH 3-20-1893	9. AGE (In years least birthday) Man	NDER 1 YEAR IF UNDER 24 HRS. Oths Days Hours Min.
Laborer	Unknown	Glouceste	r Co. Va.	USA
Robert Johnson	SOCIAL SECURITY NO. 117. II			
es, no, or unknown) (If yes, give war or dates of service)				
PART I. DEATH WAS CAUSED BY: HARDIATE CAUSE (a) Cal DUE TO	rdiovascular i	nonia		INTERVAL BETWEEN ONSET AND DEATH
				PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIDE HOW INJURY OCCURRED	. (Enter nature at injury in Pa	orr i ar Pari ii ar irem 16.j	
20c. TIME OF INJURY Month, Day, Year 20d. It Hour a. m. 19 While at war!	Nat while fac	CE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	20f. (City ar tawn)	(County) (State)
alive on November 11, 1050	and that death	occurred of 4:30. F	M, from the causes and control (DDRESS (Street, city or town, state)	on the date stoted above DATE SIGNED 11-11-5
PHYSICIAN'S Edgar M. Macular	ns, M.D.	Henry	ton State Hospit	al, Henryton, M
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton d. NAME OF HOSPITAL (If not in hospital, give street OR INSIJIUTION HENRYTON State Hospital Henryton State Hospital Grape or print) NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARK Male O. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) Laborer FATHER'S NAME ROBERT JOHNSON WAS DECEASED EVER IN U. S. ARMED FORCES? IN. WAS DECEASED EVER IN U. S. ARMED FORCES? IN. WAS DECEASED EVER IN U. S. ARMED FORCES? IN. WAS DECEASED EVER IN U. S. ARMED FORCES? IN. WAS DECEASED EVER IN U. S. ARMED FORCES? IN. WAS DECEASED EVER IN U. S. ARMED FORCES? IN. WAS DECEASED EVER IN U. S. ARMED FORCES? IN. WAS DECEASED EVER IN U. S. ARMED FORCES? IN. WAS DECEASED EVER IN U. S. ARMED FORCES? IN. WAS DECEASED EVER IN U. S. ARMED FORCES? IN. WAS DECEASED EVER IN U. S. ARMED FORCES? IN. WAS DECEASED EVER IN U. S. ARMED FORCES? IN. WAS DECEASED EVER IN U. S. ARMED FORCES? 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CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Candidons, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONCONTRIBUTING TO DEATH BUT 200. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (For Part Hour a.m. 19 while of work of wo	b. CITY OR TOWN (If outside corporate limits, write RUAL and give nearest town) Henryton d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Henryton State Hospital MARKE OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Henryton State Hospital SEX ACUSE OF PEATH (Give kind of work done during most of working life, even if retired) Laborer FATHER'S NAME ROBERT JOHNSON 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).] PART II. DEATH WAS CAUSE BY. III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that I attended the deceased from November 10., 19 58, 10 November 11., 1958, and that death occurred at 1.50 Fer Marker 12. ACTUAL MARKE OF DEATH (I contended the deceased from November 10., 19 58, 10 November 11., 1958, and that death occurred at 1.50 Fer Marker 11. MARKE OF DEATH (I contended the deceased from November 10., 19 58, 10 November 11., 1958, and that death occurred at 1.50 Fer Marker 11. ACTUAL ACTUAL CONDITIONS CITY OR TOWN (If or. SINCH STORY IN 10. Baltim A STREET ADDRESS IN 10. C. CITY OR TOWN (If or. SINCH STORY IN 10. Baltim Baltim A STREET ADDRESS IN 10. C. CITY OR TOWN (If or. SINCH STORY IN 10.) Baltim A STREET ADDRESS IN 10. Baltim A STREET ADDRESS IN 10. STREET ADDRESS IN 10. A STREET ADDRESS IN 10. Baltim Baltim Baltim Baltim A STREET ADDRESS IN 10. Baltim Baltim Baltim Baltim Baltim	D. CITY OR TOWN; (If earlied ecroprote limits, write RURAL to GROWN; (If earlied ecroprote limits, write RURAL and give necross) town the Henryton d. NAME OF HONOTIAL (If not in hospital, give street address) of RURAL and give necross town Henryton State Hospital d. NAME OF HONOTIAL (If not in hospital, give street address) of RURAL and give necross town Henryton State Hospital d. STREET ADDRESS 18014 Maryland Avenue NAME OF BECKASED. NAME OF BUSINESS OR INDUSTRY IN BIRTHPLACE (State or foreign country) Gloucester Co., Va. Laborer FATHER'S NAME 12. MOTHERS MAIDEN NAME ROBERT JOHNSON NO UNKNOWN BECKASED. 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)] PART II. DEATH WAS CAUSED BY. DUE TO Conditions, if any, which gave rise to immediate course (b). Canditons (c). Instituting to Death But not related to the terminal business condition Given in Fart II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN FOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN FOR CONTRIBUTIONS OF THE CONTRIBUTION FOR THE CONTRIBUTION F

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERA DIRECTOR: After this certificate has been signed by the attending physician and completely filled to be the funeral director, page 3 standard for use as the burial-transit permit. Then please remove carbon papers. Pages 1 to 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/SS

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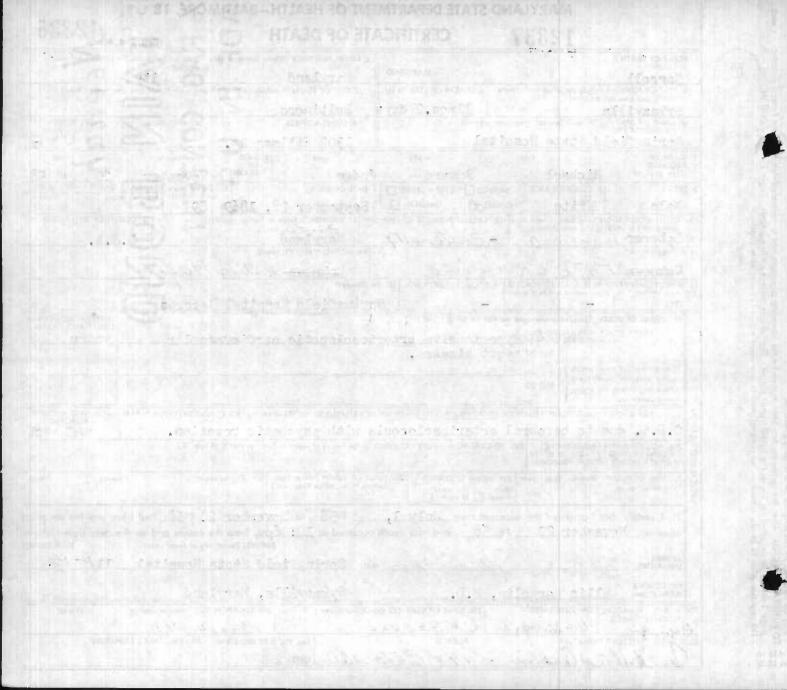
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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18	3
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2305 CERTIFICATE OF DEATH

12395		AIL OI BEAILI	Reg. Dist. No).
1. PLACE OF DEATH O. COUNTY A R ROLL	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY	pre admission)
b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	rate limits, write RURAL and give ne	arest town)
WESTMINSTER	SYEAIRS	27WESTMIN	VSTER	
d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	oddress)	d. STREET ADDRESS	8.7	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) NAMIE 7	RENE	JONES 4. DAYE OF DEATH	Month D	Yeor
5. SEX 6. COLOR OR RACE 7. MARR	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years IF UNDER I YEAR last birthdoy) Months Doys	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.	tan)	STRY 11. BIRTHPLACE (State or foreign co		OF WHAT COUNTRY?
during most of working life, even if retired) HOUSE WIFE OM 13. FATHER'S NAME	UN HOME	MARYLANI 14. MOTHER'S MAIDEN NAME	2 4	817
WILLIAM MIL	BERRY	MARTHA BA	1GHT FULL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dotes of service)	1	SROTHY SMITH	Address WEST/N/WS7	ER M
18. CAUSE OF DEATH [Enter only one couse per lin	ie for (o), (b), (c).]	1-10) INT	TERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	relina	allurgu	tosis	Dage
Hyperens Cond	- n - 1	O . d . x	0-01	7
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lying cause lost.				G
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	POT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN N PART 1(0)	19. WAS AUTOPSY PERFORMED?
	Was	decong	ensaled	YES NO
OR CONTRIBUTING ET CAUSE OF DEATH	KIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part	II of item IB.)	
Hour o. m. While		ACE OF INJURY (Home, farm, 20f. (City clory, street, affice bldg., etc.)	or town) (County)	(State)
21. I certify that I attended the decease	0	1062 4 0	10 10 18	
alive and the local me decease	77700	accurred at 200 M, from	L_Q_, 19_55 that I last s	
312	do.		reet, city or town, state)	DATE SIGNED
SIGNATURE O O	Mikeli	A 15 PC	under are	110/5
PHYSICIAN'S E. REESE	Wilk	ENS Wes	tuinste	1 mid
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCAT	ION (City, town, or county)	(Stote)
BURITIE 11/13/58 23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS O	UNI	ON TOWN	170
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VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12338 CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY CARROLL b. COUNTY MARYLAND MARYLAND Balt imore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore City KESVILLE d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? 934 Ashland Court. Beltimore 2, MYES NO HOSP. SPRINCFIELD NAME OF DECEASED CATHERINE ANNA (Type or print) DEATH 50 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months White WIDOWED [] Doys DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Housewife 13. FATHER'S NAME Schonberg NICHOLES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HOJPITAL RECORDAGGIESS 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** varcular Devoise of Conditions, if ony, which gove rise to immediate couse (o), sloting the under-Eviosclevali. lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, fEnter nature of injury in Port I or Port II of item 18.1 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram

-7 1958 that I last saw the deceased and that death accurred at \$2.05 M, from the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

UNERAL DIRECTOR'S SIGNATURE

22d. LOCATION (City, town or county) 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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VS A15 (4)

1SM 10/57

	12339	CERTIFICA	ATE OF DEAT	TH		Reg. D	ist. No.	2333
1. PLACE OF DEATH o. COUNTY	arroll	MARYLAND	2. USUAL RESIDENCE (Vo. STATE	Where deceased	d lived. If instituti b. COUNTY	on: Reside		admission)
b. CITY OR TOWN RURAL ond give Sykesvil	(If outside carporate limits, write necrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		prole limits, write R	URAL ond		
OR INSTITUTION	eld State Hosp:	et oddress)	d. STREET ADDRESS Unkn	1234	24		-	IS RESIDENCE ON A FARM
3. NAME OF DECEASED (Type or print)	First Joseph	Middle h	Knight	4. DATE OF DEATH	Noven		Doy 13,	Yeor 19 5
5. SEX Male	TITLE A A.	RRIED NEVER MARRIED M	8. DATE OF BIRTH 1891	3 / SA	9. AGE (In years lost birthdoy) 67 yrs.	IF UNDE Months	-	F UNDER 24 H Hours Min
Laborer 13. FATHER'S NAME	ION (Give kind of wark done 10 rking life, even if refired)	KIND OF BUSINESS OR INDU	Marylan 14. MOTHER'S MAIDEN	d	ountry)		TIZEN OF	WHAT COUN
Sliscer			Mary N.	Carro				
[Yei, no, or unknown]	(If yes, give wor or dates of service)		Springfield	Hospita	Add al Record			
	IMMEDIATE CAUSE (0)	line for (o), (b), and (c).] Cerebral arteri	osclerosis				ONSE	val BETWEEN J AND DEAT nknown
Conditions, if								

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20f. (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) factory, street, office bldg., etc.) Nat while at work Q. m 21. I certify that I attended the deceased from September 2739 alive an November 12, 19 58 and that death accurred 55 to November and that death accurred at 12:25AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL Springfield State Hospital

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

PHYSICIAN'S NAME (Type) Julian Radd, M.D.

Sykesville, Maryland

220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) EMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Krous

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VS A15 (4) 15M 10/57

M RECTOR: O HOSPITAL FUNERA 10

MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE, 1	1
10010				

12340

CERTIFICATE OF DEATH

12341

Mr. S. Mosel

Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Carroll Maryland City b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Baltimore 1/1 11 days Sykesville d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 6114 Glenoak Ave. Springfield State Hospital YES NO NAME OF Middle DATE Day Year DECEASED OF DEATH KRAUSS Carl November 19 58 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED T B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Male White Months Days Hours October 12. WIDOWED [7 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Fireman Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marilyn Burry Andrew Krauss 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary tuberculosis, far advanced, active Years IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY B.S. assoc. with circ. dist., with psychotic reaction, plus pulmonary Performed? tuberculosis YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a. m While Not while of work at work p. m 21. I certify that I attended the deceased from October 22, 19 58, ta November 3, 19 58, that I last saw the deceased and that death occurred at 6:53 PM, from the causes and an the date stated above. November ADDRESS (Street, city or town, stote) DATE SIGNED Springfield Hospital ACTUAL SIGNATURE Sykesville, Maryland Ellis S. Margolin, M.D. PHYSICIAN'S NAME (Type) 270. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR-CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATUR ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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12341 CERTIFICATE OF DEATH

12341

				wag.	Dist. No.	
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who o. STATE		institution: Resi	dence before o	edmission)
Carroll	MARYLAND	Maryland	0. 0	B	altimor	e
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits,	write RURAL o	nd give neares	t town)
Sykesville	21 days	Baltimore	6	03	X- 2	
d. NAME OF HOSPITAL (If not in hospitol, give street or institution Springfield State Hospi	oddress)	d. STREET ADDRESS	dolahi D			S RESIDENCE
	cat	0//9 FIII18	adelphia Ro	Dad	Y	ES NO
NAME OF First DECEASED (Type or print) Frederic	Middle	Kreisel	4. DATE OF DEATH	Month	Doy 26	Yeor 19 58
		B. DATE OF BIRTH				
SEX 6. COLOR OR RACE 7. MARR WIDOWS		11-6-1871	9. AGE (In last bir	thday) Month		OUTS Min.
Do. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12.	CITIZEN OF V	VHAT COUNT
Blacksmith Retired	Balcksmith	Maryland	4		U.S.	Δ
. FATHER'S NAME	Date Of Dill 2 Of	14. MOTHER'S MAIDEN N			0.0.	
Frederick Kreisel						
		Unknow	0			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes, no or unknown) (If yes, give wor or dates of service)		dwin Kreisel,	Son, Bali	S. Har	nover S	t. Vland
			- CA-C	Janor C	70 1 1101	Julia
IR. CAUSE OF DEATH Enter only one couse per lin	ne for (a) (b) and (c)]				INITERV	AL RETWEEN
18. CAUSE OF DEATH [Enter only one couse per lin		1 2 2 - 4 31			ONSET	AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ne for (o). (b). ond (c).] hronic rheumat	ic heart dise	ase			AND DEATH
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by the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.: Page 4 may be retained by the hospital or attending physician.

TO FUNER ORECTOR: After this certificate has been signed by the attending physician and campletely fille page 3 standard be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 3 the registrar priar to burial, cremation, or remayal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2342	CERTIFICATE	OF	DEATH

12342 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Carro	11		MARYLAN	o. STATE	DENCE (Where dec	eased lived. If institut b, COUNTY			dmission)
b. CITY OR TOWN RURAL and give	(If autside carporote limit nearest tawn)	ts, write	c. LENGTH OF STAY IN 1	- V -		corporate limits, write	RURAL and g	ive nearest	town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	50 years	d. STREET A	aneytown ADDRESS			0	S RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	David	sf	Middle M.	Little	OF		mber	Day 7	Yeor 1958
5. SEX		7. MARR	RIED NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE (In years lost birthdoy)	IF UNDER Months	YEAR IF	UNDER 24 HRS.
10a. USUAL OCCUPAT during most of wo Careta) 13. FATHER'S NAME	orking life, even if retired		KIND OF BUSINESS OR IN	Pen		gn country)	12. CITI	U.S.	HAT COUNTRY
	S. Little				ah Engleb	ert			
	/ER IN U. S. ARMED FOR (If yes, give wor or dates of se	prvice)	SOCIAL SECURITY NO. 12	7. INFORMANT			in, Mar	yland	1
Conditions, if gave rise to cause (a), stating ying couse lost	g the <u>under-</u> DUE TO		CONTRIBUTING TO DEATH		THE TERMINAL DIS		VEN IN PART	P	VAS AUTOPSY ERFORMED? S NO
	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter noture o	of injury in Port I o	r Port II of item 18.)			
20c. TIME OF INJU	10	While		PLACE OF INJURY (foctory, street, offic	Home, form, 20f. e bldg., etc.)	(City or town)	(C	ounty)	(Stote)
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REMOVAL (Specif	8] 11/11/58		22c. NAME OF CEMETER St. Joseph!		T	ocation (City, town, aneytown, 1	Maryla	nd.	(State)
23. FUNERAL DIRECTO	Fuss & Son.	Tess	ADDRESS *	rland	DATE SLOW		ISTRAŘ'S SIG		

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 343 CERTIFICATE OF DEATH

12343

12343

	20020								Reg. Dist.	No.	
PLACE OF DEATH O. COUNTY					2. USUAL RESI	DENCE (Wh	ere deceased	lived. If institut	ion. Residence	before admi:	ision)
Carr			MARY	LAND		rylan	đ	b. COUNTY	Carrol	1	
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY	IN IP	c. CITY OR	TOWN (If o	utside corpore	ote limits, write	RURAL ond give	nearest tow	m)
Rural	Taneytown		3 weeks		× Ta	neyto	wn				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	ive street	address)		d. STREET A	ADDRESS				e. IS RE	SIDENCE A FARM?
"At home	of Niece.	11			We	st Ba	ltimor	e Stree	t		NO X
3. NAME OF DECEASED	Fir	st	Middle		Los	ıt	4. DATE	Мо	nth	Day	Year
(Type or print)	Lydia		Ann		Littl	e	OF DEATH	Novem	ber 8.		1958
S. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIE	ED B.	DATE OF BIRTI	Н	- 9	AGE (In years last birthdoy)	IF UNDER I Y		ER 24 HRS.
Female	White	WIDOWI	All and a second	- I	ebruary	21.	1870	88 yrs.		ys Hours	Min.
Oa. USUAL OCCUPATIO	ON (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign cou	intry)	12. CITIZE	N OF WHA	COUNTRY
House			wn home		Ma	rvlan	đ		U	S.A.	
3. FATHER'S NAME				11/1	14. MOTHER'S						
Henry	Aulthouse				Mart	ha An	gell				
5. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	. 17. INF	ORMANT		-	Ado	iress		
no	in yes, give wor or odial or si	a vice)	none	Mr	. Carro	ll Nev	vcomer	, Taneyt	own. Ma	arvlan	d
18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (o), (b), and (c).]			1		· · ·		INTERVAL BI	
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OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH	20b. DESC	TRIBE HOW INJURY OF	CCURRED.	(Enter nature of	f injury in P	art I ar Part I	l of item 18.)			
	MEDICAL EXAMINER)										
20c. TIME OF INJURY Hour o. m.	Month, Day, Yea		JURY OCCURRED	20e. PLAC	E OF INJURY (I	Home, form,	20f. (City o	or town)	(Cour	nty)	(Stote)
p. m.	19	While at work	Nat while		.,, 311001, 411100	olog., elc.,					
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		7	MAA.		ccorred de	A	DDRESS (Stre	et, city or town,	state)		ed above ATE SIGNE
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PHYSICIAN'S NAME (Type)	- FONAR	> 4	- POTT	ER	12 W	KING	GIST.	LITT	TESTY	Loke	P/7
20. BURIAL, CREMATION	N, 226. DATE THEREO		22c. NAME OF CEME	TERY OR C	REMATORY			ON (City, town,	or county)	(Stat	dd
Burial	11/11/58		Reformed (Cemet	ery			town, M			-1
3. FUNERAL DIRECTOR'S	SIGNATURE M	I. fre	ADDRESS			240. REC'D	BY REGISTRA		STRAR'S SIGNA		
C.O.Fuss	& Son, Tar	eyto	wn, Marylan	nd		DATE NOV	1 2 '58	an	Thun & the	InttA	
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12344 CERTIFICATE OF DEATH Reg. Dist. No. director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY Carroll Maryland MARYLAND Balto.City deoth. uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville 4 mos. 4 days pinous Baltimore d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION
Springfield State Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4100 Glenmore Ave., Zone 6 YES NO NAME OF DECEASED Middle Yeor OF DEATH November Lillian Elizabeth Lunz (Type or print) within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Female February 13, 1912 White WIDOWED | DIVORCED [46 papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Lunz Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address No unknown Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Bronchopneumonia Weeks DUE TO Cardiac hypertrophy p Months Canditions, if ony, which gave rise to immediate DUE TO cause (a), slaling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INIURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (State) (County) foctory, street, office bldg., etc.) Hour o. m Not while ol work at work November 19₁₉58 21. I certify that I attended the deceased from July 15, November 18, , and that death accurred at 2:00A M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Springfield State Hospital OIRE Agustin delCampo. M.D. Sykesville, Maryland NAME (Type) FUNER 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City_town, or county) (State) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE NOV 2 4 '58 Onthring of Kraus VS A15 (4) 15M 9/55 6304 Belain Rd, Butt 6, m1.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12345

CERTIFICATE OF DEATH

Rog. Dist. No. 12345

1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryl	nere deceased lived. If institution b. COUNTY	ni Residence before admission) Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville	1 yr.9mos.25d		ott City	JRAL and give nearest town) /3 × = 2
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Springfield State Hospital		d. STREET ADDRESS Main	Street	e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mary	Rebecca	MAKINSON Lost	4. DATE Mont OF DEATH NOVE	
Female White WIDOWE	D DIVORCED	October 15,	1875 loss birthdoy)	Manths Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shirtmaker	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Makinson		Agnes Isa		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) III yes, give wor or dates of service)		nformant pringfield Ho	spital Records	
PART I. DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). A DUE TO	e for (a), (b), and (c).}	lc heart disea	ase	INTERVAL BETWEEN ONSET AND DEATH Years
	Generalized art	teriosclerosis	3	Years
C.B.S. assoc with senile C.B.S. assoc with senile Fracture left humerus 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While	Not while of work	ACE OF INJURY (Home, form ctory, street, affice bldg., etc.	20f. (City or tawn)	(County) (State)
ACTUAL SIGNATURE DE CONTROL DE CO	El Camps	occurred of 1:401		nd on the dote stated above.
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, o	- GTY Mg
F. C. Told and to flow El	Phys II Ely	DATE NO	P BY REGISTRAR 246. REGIS	trans right ture

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12346

CERTIFICATE OF DEATH

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111	1 PLACE OF DEATH	

Reg. Dist. No.

1	o. COUNTY	Carroll		MARYLA		o. STATE Mary		d lived. If instituti b. COUNTY	on: Reside	nce befa	re odmissi	on)
	RURAL ond give ne	outside corporate limits, prest town) enryton	, write	c. LENGTH OF STAY IN 248 days	116	c. CITY OR TOWN (IF	•	rate limits, write R	URAL ond	give ned	rest town)
	OR INSTITUTION	AL (If not in hospital, giv yton State I				d. STREET ADDRESS 2419	Baker	Street				DENCE FARM? NO 🔀
3.	NAME OF DECEASED (Type or print)	First Sand	у	Middle		McCoy	4. DATE OF DEATH	Nove	mber	29		°58
5.	Male	Manua	7. MARR	NEVER MARRIED DIVORCED		12-5-1909		9. AGE (In years lost birthday)	Months Months	Days Days	Hours	R 24 HRS. Min.
10	during most of work Chemical	N (Give kind of work doing life, even if retired) Mixer	one 10b.	KIND OF BUSINESS OR	INDUSTR	South Ca				TIZEN O		COUNTRY?
13	Sandy Mc	Coy, Sr.				14 MOTHER'S MAIDEN Margare	_	er				
15		IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. INF	Sandy Me	cCoy -	Patient	ess			
	PART I. DEAT O 3 . C Conditions, if an gove rise to in couse (a), stating t	mediate (DUS TO	C	erebro-vasc Id Tubercul Jumbar Spine	ous	Pleurisy and	d Pott	s disease	e of	INTE	ERVAL BE	TWEEN DEATH
CERTIFICATION	lying cause lost. PART II. OTH 20a. ACCIDENT WA: OR CONTRIBUTING	S UNDERLYING 2	ITIONS C	CONTRIBUTING TO DEATH	H BUT NO	OT RELATED TO THE TERM			EN IN PA	RT 1(a) 1	PERFO	AUTOPSY RMED?
MEDICAL C			While	NJURY OCCURRED 26 Not while	De. PLAC factor	E OF INJURY (Home, formy, street, office bldg., etc	n, 20f. (City	or town)		(County)		(State)
	actual SIGNATURE	of I offended the cember 29,	. 19 -	laces		Henr	ADDRESS (Soyton,	r 29,19 50 n the couses of root, city or town, Maryland te Hospi	and on state)	the da	te state	ed above. TE SIGNED -29-58
	RO. BURIAL, CREMATION REMOVAL (Specify) BUNIAL II. FUNERAL DIRECTOR'S	SIGNATURE	340	ADDRESS	RY OR C	un	D BY BEGIST	RAR 24b. REGIS	e l	GNATU	(Stow	9

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, 2 should be filed with may be rejained by the haspital ar attending physician.

TO FUNER PIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 stood be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages the registrar priar to burial, cremation, ar remayol, and in any event within 72 haurs offer degth.

VS A15 (4) 15M 9/S5

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12347 **CERTIFICATE OF DEATH**

12347 Reg. Dist. No

1. PLACE OF DEATH o. COUNTY Carroll			MARYLAN	- 11	USUAL RESIDENCE (Vo. STATE Maryl:		L COUNTY		before odmin	
B. CITY OR TOWN RURAL and give Sykes	(If outside corporate limi nearest town) VIILE	ts, write	34y.7m.6d.	1ь	Baltimor		rote limits, write R	URAL ond giv	VO /,	7
OR INSTITUTION	ITAL (If not in hospitol, gold State Ho				d. STREET ADDRESS				ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Fir AN	NIE	Middle THERES	A	MEYERS	4. DATE OF DEATH	Novem		Day	Yeor 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED [6-28-78		9. AGE (In years lost birthday) 80 yrs.	-	YEAR IF UND	ER 24 HRS. Min.
during most of wo	ION (Give kind of work or rking life, even if retired) None	done 10b.	KIND OF BUSINESS OR IN	NDUSTRY	Marylan		ountry)	1	S.A.	COUNTRY
13. FATHER'S NAME	William Mey	ers		1	4 MOTHER'S MAIDEN Theres	NAME a Harti	nan			
15. WAS DECEASED EV (Yes no or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or doles of se		SOCIAL SECURITY NO. 1	Rec	ord, Sprin	gfield	State Ho			
PART 1. DE 4 2 6 Conditions, if gove rise to couse (o), stoting lying couse lost	the <u>under-</u> DUE TO	Ar	teriosclerot						INTERVAL BI	DEATH
5 Mental de	speciated wi	th condif	ONTRIBUTING TO DEATH ONVULSIVE diferentiated RIBE HOW INJURY OCCU	sord	er, withou	t qual:	liying pr	TEN IN PART	PERFC	AUTOPSY DRMED? NO X
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yeo	While	NJURY OCCURRED 20e	PLACE foctory	OF INJURY (Home, far , street, office bldg., e	m, 20f. (City	or town)	{Co	ounty)	(Stote)
actual SIGNATURE	hat I attended the ovember 29	Lu Lu	Man		, 19 , to 1 curred at 8:45 Springf Sykesvi	PM, from ADDRESS (Sield S	n the causes of treet, city or town, tate Hosp	ind an the	e date stat	deceased ed abave ATE SIGNEE
RAMOVAL (Specify	12-3-	58	22c. NAME OF CEMETER	The C	MATORY	22d. LOCA	MON (City hown,	or county)	md.	le)
23. FUNERAL DIRECTO	R'S SIGNATURE	le	ADDRESS .	Me.	944 DATE	DEC 8		other S.	1 1	

by the funeral director, may be relained by the haspital or attending physician.

TO FUNER 1 DIRECTOR: After this certificate has been signed by the attending physician and campletely fille page 3 July be detached far use as the burial-transit permit. Then please remave carbon papers. Pages the regisfror prior to burial, crematian, or remaval, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/5S

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	moy be retained by the hospital or ottending physician. TO FUNERA **RECTOR: After this certificate hos been signed by the attending physicion and completely filled *** the funeral director,	page 3 ships, be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 one 2 should be filed with	the registrar prior to buriol, cremation, or removal, and in any event within 72 hours offer death.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12348 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

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en Dist No	4	0	4	0

1. PLACE OF DEATH o. COUNTY	Carroll	MARYLAND			d. If institution: Residence b. COUNTY Ca	re before admission)
RURAL and give	(If outside corporate limits, write nearest town) Patapsco	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate li	imits, write RURAL and g	ive nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street I	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Bessie	Middle Morgan	Myerly	4. DATE OF DEATH	Month November	16 19 58
5. SEX Female	6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH August 25,	1876 ^{9. A6}	GE (In years of UNDER Months yrs.	YEAR IF UNDER 24 HRS. Days Hours Min.
10o. USUAL OCCUPAT	ION (Give kind of work done 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Ste	ote or foreign country	12. CIT	IZEN OF WHAT COUNTRY?
		Own Home	Carroll	County. 1	Maryland	USA
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
LELLE LES	S. Howard Locks	ard		Mary V. Re	ad	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
no		Н	oward H. Mye.	rly Liber	rty St. West	minster, Md.
18. CAUSE OF DE	EATH [Enter only one couse per I	ine for (o). (b). ond (c).]		/	past	INTERVAL BETWEEN
PART I. DE	MAS CAUSED BY:	somal Ne	morrha	= (5-es	verallema	ONSET AND DEATH
1142X	DUE TO	4000000		9		
Conditions, if	0	notion Alexander	la meso	I us od	1	4 wears
gove rise to	immediate	Mento - rances	· · · · · · · · · · · · · · · · · · ·	Contract Contract		7.9
coese (o), stoting	g the under-	enilità				
lying couse lost	THER SIGNIFICANT CONDITIONS		T NOT BELATER TO THE TE	PANINAL DISEASE COL	NOTION CIVEN IN SARS	THE TO WAS AUTOPEY
PART II. O	neul					PERFORMED? YES NO
20g. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING (1) IG (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Port I or Port II of	Fitem 1B.)	
20c. TIME OF INJU Hour o. m p. m	. While	Not while f	PLACE OF INJURY (Home, footory, street, office bldg.,		own) (C	County) (State)
21. I certify	that I attended the decea	sed from NW. 12	, 1950, to	nev. 14	1958 that 1	ast saw the deceased
alive on Tu	W. 154 195					ne date stated above.
		, , ,			city or town, stote)	DATE SIGNED
ACTUAL CONSTURE	ZBuli.	Rlea	M.D. Wer	trum	ita	mel. 11-17-53
SIGNATURE		1	m.uddl		·	
PHYSICIAN'S NAME (Type)	C. Levine Bill			nter St.	Westminster	, Maryland
220. BURIAL, CREMAT REMOVAL (Specif	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY			(City, town, or county)	(Stote)
Burial	TTHITHIO	Pleasant G			wille, ##.	
23. FUNERAL DIRECTO		ADDRESS		EC'D BY REGISTRAR	24b. REGISTRAR'S SIC	SNATURE Trans
John	R. Byers We	estminster, Ma:	ryland DATE	NOV 2 0 '58	2000001 20.	

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VS A15 (4)

1. PLACE OF DE o. COUNTY	Carrol	/	MARYLAND	2. USUAL RESIDENCE o. STATE M 3 7	(Where decease	d lived. If instituti b. COUNTY	Carr	11
	OWN (If autside carporate tim give nearest town), C/ M+s/+/Y		NGTH OF STAY IN 16	K RUVE	If autside carpo	orate limits, write R	JRAL and give	nearest town)
d. NAME OF OR INSTITU	HOSPITAL (If not in hospital)	ive street address		d. STREET ADDRESS	rrsvi	lle	7	e. IS RESIDEN
3. NAME OF DECEASED (Type or print	JOHN	st	Middle W •	Lost MYERS	4. DATE OF DEATH	Novem	4	Day Year 28 195
5. SEX Male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 3-18-1896	1894	9. AGE (In years last birthday)	Months Doy	AR IF UNDER 24
during most	UPATION (Give kind of work of working life, even if retired		Troad	USTRY 11. BIRTHPLACE (SI Maryl	131	ountry)	12. CITIZEN	OF WHAT COU
13. FATHER'S NA		Myers		14. MOTHER'S MAIDE Marga		nderson		
15. WAS DECEAS	ED EVER IN U. S. ARMED FOR	ancical	SECURITY NO. 17.	Melvin My	ers.	Same	ess	

NTRY? Hupertensive Cardiovasular Dispair Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO D CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Haur a. ft. While Not while at work at wark p. m. 1958, that I last saw the deceased 21. I certify that I attended the deceased fram and that death occurred at 10 12 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL , Cylwe PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 958 Howard Co. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Winfield, Maryland Waltz. Cirilian S. Thank DATE

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may be retained by the hospital or attending physicion.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 the registrar priar to burial, cremation, or removal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12350

CERTIFICATE OF DEATH

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Rea.	Dist	No					

					T							
	LACE OF DEATH	22				2. USUAL RESIDENCE (W		lived. If institutio	n: Residen	ce before	admission)	
		roll			YLAND		land			timor		
1	RURAL and give ne	outside corporate limit orest town)	, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If	outside corpor	ote limits, write RU	IRAL ond	give neare	st town)	В.
	Sykesvil	le (Rural)		57 yrs. 1	l da	• Bal	timore	0	3×	- 0		
	OR INSTITUTION	AL (If not in hospital, gi				d. STREET ADDRESS				e.	IS RESIDEN	M?
	Springfi	eld State	Hosp:	ital		Unkı	nown				YES NO	
3. 1	NAME OF DECEASED	Firs		Middle		Lost	4. DATE	Mont	h	Day	Year	
	(Type or print)	01	ga			Newman	DEATH	Novem	ber	26,	19	58
5. 5	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRI	ED 🔝 B	DATE OF BIRTH		9. AGE (In years last birthday)			UNDER 24	
	Female	White	WIDOWE	ED DIVORCE	D 🔲	Unknown		81 yrs.	Months	Doys I	Hours M	Nin.
10a	. USUAL OCCUPATIO	N (Give kind of work ding life, even if retired)	one 10b.	KIND OF BUSINESS C	OR INDUST	RY 11. BIRTHPLACE (State	ar foreign co	untry)	12. CIT	IZEN OF	WHAT COU	INTRY?
	None	ing life, even ir retired)		non	_	Germa	anv		5.0	Unkn	OFW	V
13.	FATHER'S NAME					14. MOTHER'S MAIDEN				CARRAI	OWII	
		Unknown					Unlan	OTM				100
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO). 17. IN	FORMANT	OZINA	Addre	255			
(Yes	no. or unknown)	It yes, give wor or dates of se	(e)	7126	Sr	ringfield St	tate Ho	gnital R	ecord	1		
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		H WAS CAUSED BY:		Prite	1	exiterizi	7,			ONSET	AND DEA	TH
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	Conditions, if on gove rise to in	mediate (D)	1-6	rectale	4	January.	420			PU	cers	
	couse (o), stoting t tying cause last.			U							0	
z		FP SIGNIFICANT CONF	ITIONS C	CONTRIBUTING TO DE	ATH BUIT N	IOT RELATED TO THE TERM	MINIAL DICEACE	COMPITION CIVI	ALIAL BAD	7 1/- 1/10	DAILA DAVAC	NDC V
CATION							JINAL DISEASE	CONDITION GIVE	IN IN PAK		PERFORMED	07
FIC	20a. ACCIDENT WAS	zophrenic	reac.	tion, para	nold	(Enter nature of injury in	Death as Bast	N -6 'A 10 1		Y	ES NO	
L CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH	IOB. DES	CRIBE HOW INJORT C	CCORRED.	tenier nature at injury in	raff i of roff	II of frem 15.)				
MEDICA	20c. TIME OF INJURY Hour o. m.	Month, Day, Yea	While	Not while	20e. PLAG	CE OF INJURY (Home, formany, street, office bldg., etc.)	m, 20f. (City c.)	or town)	(0	County)	(S	itate)
3	p. m.			k at work	4	F0		2/ /2				
	21. I certify the	at I attended the				, 19.58 , ta No						
	alive on Nove	mber 26.	_, 195	and that	death	accurred at 7:20				he date		
	ACTUAL	2.10. 8	00	208.				eet, city or town, s			DATE S	IGNED
	ACTUAL SIGNATURE	MACC A	r	anu	M	D. Springfie	ld Sta	te Hospi	tal		11/26	5/58
	PHYSICIAN'S R	ita S. Glal	in, l	1. D.		Sykesvill	e, Mar	yland				
220	BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREO	· 5- 0	22c. NAME OF CEM	ETERY OR	CREMIATORY	22d LOCAT	ION (City, town, or	(county)	1 44	(Stote)	
	19.21	11-10	21	(Jahrily	1466		(1/2)	Mestell	(2)	11.1	41	
23.	FUNERAL DIRECTOR'S	SIGNATURE 4	21	- ADDRESS	Jas	. Alla Var .	D BY REGISTE			S. Fire	u.A.	
64	more	17 1/1		N1 /	The said	CREC! TOKTE	DEL 2	30	O A CLOSE	2. 1000		

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175-5-122-10-11	HY) 20 TO 157			
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							Keg. Dis	r, 140.
1. PLACE OF DEATH o. COUNTY Ca	arroll	MARYLANE	II o ST	ATE Marvla	110	h COUNTY		e before admission)
	If outside corporate limits,	write c. LENGTH OF STAY IN TH	c CI			orote limits, write f		
RURAL and give n	earest town)	- 1					e il	1 contain town,
	Ille (Rural) TAL (If not in hospitol, give	2 y 7 m 4 0		Baltimo	ore (Z	one III)	3 Y O	1-4
OR INSTITUTION			d. 51	REET ADDRESS				e. IS RESIDENCE ON A FARM?
Springile	eld State Ho	spital		5623 Tr	ramore	Road		YES NO 🔀
3. NAME OF DECEASED (Type or print)	First	Middle Louisa	N:	lost icklas	4. DATE OF DEATH	Nove		Day Year 17. 19 58
S. SEX		MARRIED NEVER MARRIED	B. DATE C	F BIRTH		9. AGE (In years		YEAR IF UNDER 24 HRS.
Female		VIDOWED TO DIVORCED TO		14. 187	70	last birthday) 88 yrs.		Days Haurs Min.
100. USUAL OCCUPATION	ON (Give kind of work do	ne 10b. KIND OF BUSINESS OR INI						ZEN OF WHAT COUNTRY
during most of wor	king life, even if retired)					,		
Housewi	па		14.40	German			LST	• papers USA
			14. MO					
	Jnknown			Unknow	m			
IS. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORCE Iff yes, give wor or dates of servi		. INFORMAN	IT		Add	ress	
No		Unknown	Spring	gfield St	tate H	ospital 1	Record	
18. CAUSE OF DEA	ATH [Enter only one cous	e per line far (a), (b), and (c).]						INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	1. Cardiac insu	fficie	nesr				ONSET AND DEATH
4443 X	DUE TO	A Value Inst		ucy				1 day
Conditions, if o		2. Hypertensive	o a wali		24			
gave rise to i	mmediate	Co HAbel neligine	Cardi	ovascura;	r drae	ase		years
cause (o), stoting	the under- DUE TO							
lying couse lost.) (c)_	TION OF CONTRACTOR OF CONTRACT		740 70 710 7701				
Z PART II. OTI Chroni S ebra Varte	le brain syn	tions contributing to DEATH B	UI NOI KELA	1 ators o	HAL DISEAS	hance w	th co	PERFORMED?
ebra Varte	erlosclerosis	s. With psychotic	reac:	tion		•	LOIL CO.	YES NO IN
200. ACCIDENT WA	AS UNDERLYING 1 20	DESCRIBE HOW INJURY OCCUR	RED. (Enter n	oture of injury in	Port I or Pa	rt II of item 18.)		
	MEDICAL EXAMINER							
	RY Month, Doy, Year	20d. INJURY OCCURRED 20e.	PLACE OF IN	JURY (Home, form	n, 20f. (Cit	y or town)	(Co	ounty) (State)
Hour o.m.	19	While Not while of work O	toctory, stree	t, office bldg., etc	:-)			
				37.	1	. 30 60	1	
27	nat I attended the d	-40						ast saw the deceased
alive on NOV	rember 17,	, 19 <u>58</u> , and that dea	th accurre					e date stated above
- C		DOD Presiden				street, city or tawn,		DATE SIGNED
SIGNATURE C	malm	aci Compo	_ M.D	Springfie	eld St	ate Hosp	ital	
PHYSICIAN'S								
NAME (Type)				ykesvill	Le, Ma	ryland		
276. BURIAL CREMATIC		22c. NAME) OF CEMETERY	OR CREMAT	oxy 1	22d. LOCA	TION (City, towns	or county) —	(Stote)
REMOVAL (Specify)	11-20-5	5 ledar) 1	200	X	Dale	,	me
23. PUNERAL DIRECTOR		ADDRESS / /		// 240. REC'	D BY REGIS	TRAR 24b. REGI	STRAR'S SIG	NATURE
deman	1) XKus	K 5305 H	10 Am	DAIRV 1			1 8. Kra	
of man	V / Yuu	70-	00/100	DAME				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNER PIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 standard be detached far use as the burial-transit permit. Then please remave catban papers. Pages I' the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death.

y the funeral director.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12352 CERTIFICATE OF DEATH

Reg. Dist. No.

1	2	9	K	9
1	4	U	J	13

1. PLACE OF DEATH o. COUNTY	arroll		MARYL		o. STATE Mary		lived. If instituti b. COUNTY		to City	
b. CITY OR TOWN	If outside corporate fim	its, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF			URAL ond g	ive nearest tow	rn) V
Sykesvil	le		Imo.8days	,	Balt:	imore 1	8	31	101-	4
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s	give street o	eddress)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
Springfi	eld State F	lospit	tal		2936	St. Pa	ul St.			MO M
3. NAME OF DECEASED (Type or print)	Samue	_	Middle Hunter	N	lost Orman	4. DATE OF DEATH	Mon	mber	Doy	Yeor
5. SEX	6. COLOR OR RACE		ED NEVER MARRIE		DATE OF BIRTH		P. AGE (In years		11.	19 58
Male	White	WIDOWE			Unknown 2/	8/1893	last birthday) 85 yrs.		Days Hours	
10a. USUAL OCCUPATI	ON (Give kind of work	dane 10b. I	KIND OF BUSINESS OF	NDUSTR	11. BIRTHPLACE (Stote	e ar foreign cou	intry)	12. CITI	ZEN OF WHA	T COUNTRY
Unknown	king life, even if retired	'	-		North Ca	arolina		U	.S.A.	
13. FATHER'S NAME					4. MOTHER'S MAIDEN	NAME				
William	Norman				Ethel St	uman				
15. WAS DECEASED EVI			SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress	-	
(Yes, no. or unknown)	(If yes, give war or dates of s	2/	7-09-8969	7	Springfie:	ld Hosp	ital Rec	ords		
	ATH [Enter only one co		, , ,						INTERVAL B	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, E	Bronchopneu	monis					Days	DEATH
491X	DUE TO	,								
Conditions, if		1							1000	
gove rise to i	mmediate (
lying couse lost.	me onder	:)								
C.B.S. a Generali	HER SIGNIFICANT CON SSOCIATED TO Zed arterio			TH BUT NO	TRELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART		AUTOPSY ORMED?
20g. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER			CURRED. (Enter noture of injury in	Port I or Port	II of item 18.)			
		or 20d IN	JURY OCCURRED	20e. PLACE	OF INJURY (Home, for	m. 20f. (City (or town)	IC.	ounty)	(State)
20c. TIME OF INJUI Hour o. m. p. m.	19	While of work	Not while	foctor	r, street, office bldg., et	(c.)		(0)	oomy	(Sidie)
	and I retained all the			or 3	, 19 58, to No	ovember	77 10 58			
alive an No			(8 L.L.	94.129		A		_,inai i i	ast saw the	decease
alive an_110	veniner 100	19	and that	death a	corred at 6:55/					
ACTUAL P	auit,	.//	1.0/4.	Spano	Springf		et, city or town,		77/-	ATE SIGNS
SIGNATURE C	minu	CE	C. Chi	42 CM.C	Springr.	reid 30	ave nost	TraT		17/20
PHYSICIAN'S NAME (Type)	Agustin del	Campo	, M.D.		Sykesvi.	lle, Ma	ryland			
220. BURIAL, CREMATIC	N, 226. DATE THEREC	F	22c. NAME OF GENE	TERY OR	REMATORY	22d, LOCATIO	ON (City, town,	or county)	(Sto	ote),
SEMOVAL (Specify	11/13/	8	Loudon	12	ZK.	130	elto -	29	720	d'
23. FUNERAL DIRECTOR	SIGNATURE		ADDRESS	11		D BY REGISTR		STRAR'S SIG	NATURE	
1451149/1	1/11/2010	n h	-11/11/1	11977	1 POLE DATE	VOV 1 2 '5	8 0	-T1 9	Hun	

the funeral director, 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs after death. Page RECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. be detached for use as the burial-transit permit. may be refigined by the hospital ar attending physician.

TO FUNERAL RECTOR: After this certificate has been si VS A15 (4) 15M 10/57

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	10000							•		Reg. Di	st. No.	
1. PLACE OF DEATH o. COUNTY	Carroll			MARYLA	- 11	o. STATE	ence (wi		d lived. If instit b. COUN	ution: Resider	nce before o	dmission)
RURAL ond give r	(If outside corporate limit nearest town) 17ville	s, write	c. LENGT	H OF STAY IN	1 16				rote limits, write /kesvil		give nearest	town)
d. NAME OF HOSPI OR INSTITUTION	Rural			le	1	d. STREET AL	DDRESS	rvil				S RESIDENCE ON A FARM? ES NO 12
3. NAME OF DECEASED (Type or print)	ERNEST	st	M.	Middle	PARK	Lost ER		4. DATE OF DEATH	STOT	Nonth	Day	Yeor 1958
5. SEX	6. COLOR OR RACE			VER MARRIED		ATE OF BIRTH			9. AGE (In year lost birthday			UNDER 24 HRS
male	white	WIDOW	langer of the la	DIVORCED	_	11-26				rs.		
ouring most of wor	ION (Give kind of work or rking life, even if cetired) retired		lene	_	INDUSTRY			or foreign c		12. CI	U.S.	VHAT COUNTR
13. FATHER'S NAME	Q21,913 - 15-1-1				14	. MOTHER'S						
	Unknown				East	Unk	nown					
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR	rvice)	social se	CURITY NO.	Mr.	Will	iam	Parke		ddress Same	196	
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the under-	Arte 7	in	lirtes	Lear	t die	est,	Car	einema			+ 59
5	THER SIGNIFICANT CON								E CONDITION (GIVEN IN PAR	P	VAS AUTOPSY ERFORMED?
OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a. p. m.		20d. It While at world	NJURY OCI	while	De. PLACE factory,	OF INJURY (H street, office	lome, farm bldg., etc	20f. (City	or town)	(1	County)	(State)
actual SIGNATURE	hat I attended the My Voverl HOWARD E.	decease 19 Sr HALI	5-8.	and that d		_, 19			n the causes treet, city or tow	and on t	last saw he date s	the decease stated abov DATE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO			ME OF CEMETE		EMATORY			TION (City, town		Md.	(Stote)
23. FUNERAL DIRECTOR C_{e} M_{e}	212 - 1	Wir	ADD nfie	ress Ld, Md		V. 23	240. REC'I	D BY REGIST		GISTRAR'S SIG		

by the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be refeined by the hospital or attending physician.

TO FUNERA PRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 sheve be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be required by the hospital ar attending physician. TO FUNER. DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 stand be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. tined by the haspital ar attending physician. **SIRECTOR: After this certificate has been signed by the attending physician and completely filled at be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1, priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12354 CERTIFICATE OF DEATH

Reg. Dist. No. 13587

1. PLACE OF DEATH o. COUNTY Carroll			MARYÈ	AND	2. USUAL RESIDENCE (WHO STATE Maryland	ere deceosed	b. COUNTY	on Residence		odmissi	on)
b. CITY OR TOWN	N (If outside corporate lim	its, write	c. LENGTH OF STAY I	N 1b)
Henryto			493 days		Pocomoke	City	2:	3 X - 2			
d. NAME OF HOS	SPITAL (If not in hospital, g	give street	oddress)		d. STREET ADDRESS						DENCE FARM?
	on State Hos	oital			Route #1						NO 🗌
3. NAME OF DECEASED	Fi	rsf	Middle		Lost	4. DATE OF	Mon	th	Day	Y	eor
(Type or print)		nes	Henry		Pittman	DEATH	Novembe	er.	30,	1	9 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIES		9. DATE OF BIRTH		9. AGE (In years	IF UNDER			
Male	Negro	WIDOW	ED DIVORCED		6-11-1911		los birthday)	Months	Days 1	Hours	Min.
100. USUAL OCCUPA	ATION (Give kind of work working life, even if refired	done 10b.	KIND OF BUSINESS OR	INDU:	STRY 11. BIRTHPLACE (Stote	or foreign co	untry)	12. CIT	ZEN OF	WHAT	COUNTRY
	aborer	'	Farming		Rocky Mo	unt, N	. C.	U	. S.	A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
Julius	Pittman				Laura Li	17v					
15. WAS DECEASED I	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 1	NFORMANT		Adde	ess			
Yes, no or unknown]	(If yes, give war or dates of :	arvice)	Unknown		James Henry P	ittman	- Patie	nt			
gave rise to couse (o), stoti lying couse to Part II.	OTHER SIGNIFICANT CON	F a	IND Diabetes	тн вит	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV			PERFO	NUTOPSY RMED? NO []
	WAS UNDERLYING AND CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Month, Day, Ye	or 20d. II	NJURY OCCURRED 2	20e. PL/	D. (Enter nature of injury in P ACE OF INJURY (Home, form, story, street, office bldg., etc.	, 20f. (City		(C	ounty)		(State)
P. 0	10	While at wor	k at wark								
actual SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMA PREMOVAL (Spec	Dr. Edgars 1 Tion, 22b. DATE THEREC	19. M. Ma	58, and that a	death	Henryton St R CREMATORY	PM, from ADDRESS (Str Maryl ate Ho 22d LOCATI POCO	the causes a set, city or lown, and spital, ON (City, tawn, c	Henry	ton,	state DA	d abave TE SIGNED -30-51
6 Karles	OR'S SIGNATURE AT	Pains	ADDRESS M	4.7	# 235 240. REC'S	BY REGISTR		STRAR'S SIG			

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12355 CERTIFICATE OF DEATH

		CERTIFICATE	OF	DEATH
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Reg. Dist. No. 12354

1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Dural Westment 75 years	X Russe hostmuster
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Plessant Valley	Planget Valley YES NO D
3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Year
5. SEX 6. COLOR OR RACE 7. MADDIED PONEVED MADDIED TO	ONELL DEATH NOV, 20 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
Define most of working life even if retired)	Pleasant Valler Carroll med U.S.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
nouth Povels	Mariha Mylls
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address T
110. CALIFE OF DEATH IS A SHORT OF THE STATE	miss Marcha (Forell, won minde to
18: CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
1442 X IMMEDIATE CAUSE (o) DUE TO	pascular-remainment you
Conditions if any which	
gave rise to immediate case (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
5	YES NO
OR CONTRIBUTING II CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Not While Not while of work of work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from	L., 1948, to 12 26, 18 2 that I last saw the deceased
alive on 1958, and that death	The state of the s
ACTUAL TO A DAVID RISENS	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE	M.D. 15 remain with Digg.
PHYSICIAN'S DR F. REESC WI	KENS Westminsternd
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
Burge XM. 24 KISS PRESENT	Talling Cem. Warne, Westpringer and
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
(1 2 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2	Certhy & Kines

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12356 **CERTIFICATE OF DEATH**

Reg. Dist. No.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be regained by the haspital or attending physician.

TO FUNER DIRECTOR After this certificate has been signed by the attending objection and completely filled. We the funeral director

VS A

	o. COUNTY	rroll	MARY	LAND	2. USUAL RESIDENCE (WHO o. STATE Marv)		b. COUNTY	on: Residence be		ian)
		outside carporate limits	write c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o		e limits write R	001200	The state of the s	1)
-	RURAL and give nea Svkesv		1 7 mg 8 6	las.						
-		L (If not in hospital, giv		ias,	d. STREET ADDRESS	oine			e. IS RES	IDENICE
	OR INSTITUTION				1	1/7			ONA	FARM?
=		field State			R.F.I	,			AF2	NO 🔼
3.	NAME OF DECEASED	First			Last	4. DATE OF	Man			Yeor
L	(Type ar print)	Agne			Rahn	DEATH	Nove			1958
5.	SEX	6. COLOR OR RACE	MARRIED NEVER MARRI	ED 🔲	8. DATE OF BIRTH	9.	AGE (In years last birthday)	Manths Day		R 24 HRS. Min.
L	Female	111111111111111111111111111111111111111	WIDOWED DIVORCE	_	July 2, 188	39	69 yrs.	Manins Ody:	Haurs	min.
10	 USUAL OCCUPATION during most of working 	N (Give kind of work do ng life, even if retired)	one 10b. KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPLACE (State	ar fareign caur	itry)	12. CITIZEN	OF WHAT	COUNTR
	Housewor				Mary	Land		U.	S.A.	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME				
		Samuel Mull	en		Elle	en Grah	am			
15	WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO). 17. It	NFORMANT	Jan Gl Mil	Addi	ess		
100	es no or unknown) (II	yes, give war or dates of sen	vice)	9	pringfield St	tota Ho	mital	Paganda		
=	IR CAUSE OF DEAT	H (Ester only one cour	se per line for (a), (b), and (c).		brangiaead of	va ve 110	DIT herr		TERVAL BE	TIMETAL
		H WAS CAUSED BY:		•					NSET AND	DEATH
		IMMEDIATE CAUSE (a)_	1. Lobar Pneu	moni	a				4 day	S
	420.0	DUE TO	0 16 211 2							
	Conditions, if an		2. Multiple d	iecub	ital ulcers				Month	S
	cause (a), stating th	e under- DUE TO	2 4 4 4 3					5 105 2	-	
-	lying couse last.	1-1-	3. Arterioscl						Years	
CERTIFICATION	PART II. OTHE	R SIGNIFICANT COND	ITIONS CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART 1(a)	19. WAS A	AUTOPSY RMED?
3	Manic depr	ressive rea	ction, depress	ed t	ype. Incipier	nt cerel	oral art			NO 🔼
RTIF	200. ACCIDENT WAS	UNDERLYING 2	Ob. DESCRIBE HOW INJURY O	CCURRED). (Enter nature of injury in I	Part 1 or Port II	af item 18.}	sclero	sis.	
U	OR CONTRIBUTING (SEDICAL EXAMINER)								
N	20c. TIME OF INJURY	Manth, Day, Year	20d. INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, form	, 20f. (City or	tawn)	(Count	у)	(Stote)
MEDI	Haur o. m.	19	While Not while at work	100	idiy, sireer, dilice bidg., etc.	1				
		. 1	deceased from July	7	, 1957_, to_No	rambar	26 .58		- 1	,
			-16							
	alive on Nover	mer zo	., 19 <u>58</u> , and that	death	accurred at 1:10]					
	ACTUAL R	10. 8	flatin				t, city or town,		DA	TE SIGN
	SIGNATURE	1700 /31	100000	/	w.o. Springfie	1d Stai	te Hospi	tal		1/26
1	PHYSICIAN'S		4							
		ta S. Glah	n. M. D.		Sykesvi 11	e. Mar	rland			
	NAME (Type)RI									
220	a. BURIAL, CREMATION		SE HAME OF CEM	ETERY-OF	CREMATORY	22d. LOCATIO	N (City, tawn, c	or county)	(State	9)
220			The NAME OF CEM	ETERY OF	11 1/1 12	22d. LOCATIO	N (City, town, o	or county)	(State	e)
	a. BURIAL, CREMATION	22b. DATE THEREOF	APORESS	M.	Indon B	D BY REGISTRA	Baltin	or county) STRAR'S SIGNAT	ed.	e)

			58 CERTIFICAT	
The content of the				
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	All Berlin et al. (100 September)	ATTENDED TO LEGG STORY		•
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VS A1S (4) 1SM 9/SS

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
	Item FilmG236	12-4-58 et	

12307 CERTIFICATE OF DEATH

12356

	-	The state of the s						
		PLACE OF DEATH O. COUNTY CARPONI / CO.	ARYLAND	2. USUAL RESIDENCE (Who o. STATE		If institution: Residence	before odm	ission)
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	TAY IN 1b	c. CITY OR TOWN (IF o	utside corporate lin	nits, write RURAL and gi	ve nearest to	wn)
	1	VESTMINKTER YMO	,	*RURALI	WISTA	MINSTER	d give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Year 2 7 19 5 8 PER 1 YEAR IF UNDER 24 HRS.	
L	Y	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	33	d. STREET ADDRESS	7120	PADA	ON	A FARM?
	-	NAME OF FIRST		MARTI	1/01	BURG		
	1	OECEASED CARRIE ESTE	LLE.	RANOULL	4. DATE OF DEATH	NOV.	27	7-01
	S. S	T ALL THE	RCED	B. DATE OF BIRTH	779 9. AG	bouth days		
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES during most of working life, even if retired)	S OR INDUS	TRY 11. BIRTHPLACE (Stole	or foreign country)		EN OF WH	AT COUNTRY?
		HOUSE-WIFE		CARROL	L. CO.	Md. L	1.5.	1
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	0-11		
1	10	WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY	S 122 11	HV GE	LINE	SELLE	ERS.	
	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 1. no. or unknown) Iff yes, give wor or dates of service)	NO. 17. II	1LICC. RA	NAILL	Address M.O. A. I.O. I.I.	TC	0 11.1
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and	(c))		NOULL,	MANCH:	LINITERVAL	REMARKAL ,
	9	PART I. DEATH WAS CAUSED BY: Dardi	2000	rulan Ro	enels	P. 101.00		
		442 X DUE TO 6 -1		0		O. C.	Same	Our O
		Conditions, if any, which) (b) Utle	nio	Scheras	es & the	Reitersia	41	Sug
		gove rise to Immediate cose (a), stating the under-	0 0	211	0 11		11	-/
	z	lying couse lost. (c) Cred	nat	Kenen	use		195	6
3	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RECATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN PART	PERF	S AUTOPSY FORMED?
	CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED). (Enter nature of injury in F	Port I or Port II of i	tem 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work of work		CE OF INJURY (Home, form, tory, street, office bldg., etc.		rn) (Co	uniy}	(Stote)
		21. I certify that I attended the deceased from No		1919160 K	ou 27	, 1958, that I la	st saw the	e deceased
		alive on 100 24 , 1956 , and fl	hat death	occurred at 6, A	_M, fram the	causes and an the	date sta	ted abave.
ď		ACTUAL INTERNATIONAL ANDION	Po.	- 12/0-4	ADDRESS (Street, ci	ty of town, state	7 /	DATE SIGNED
1		SIGNATURE	resi	u.o.	ungn	20 /aa		120/28
		PHYSICIAN'S NAME (Type)						
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF C	EMETERY OF	VEREMATORY	22d. LOCATION (C	ity, town, or county)	(51-	ote)
	1	SURVAL 11/30/38 /11/5/	DOW	BRHNCH	KURA	MESTI	MINIS	TER
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	ento	MI NE	BY REGISTRAR	246. REGISTRAR'S SIGN	0 -	Md.
	1	I a moder ill home	- Col	DATE DE	.4	2. I	cialla	

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THE RESERVED VALUE OF STREET			
		transport in the last	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12357 Item 2 FilmG235 11-20-58 et CERTIFICATE OF DEATH

12357

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Wortformery
b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) Les VILLE Length OF STAY IN 16	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Significant Street	d STREET ADDRESS 571 University Blvd., E JS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED WILLIAM AFRORD	Ray DEATH // 9 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH OCT 25, 1887 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done thing most of working life even if refired) Tarmer Painter - Retired.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? UIS. A
William Thomas Ray	14. MOTHER'S MANGE Susan Schaeffer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1919, 00, or unknown] (It yes, give wor or dates of service)	Hospital records
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	B'c Heart Disease INTERVAL BETWEEN ONSET AND DEATH
Conditions, if only, which) Oliver lived	Ateroslerosis Years
gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CB, S CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? On Revord in the property of th
	ED. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of wark of wark of wark	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, affice bldg., etc.)
21. I certify that I attended the deceased from 82991 alive an 1958, and that death	5, 1958, to 1968, that I last saw the deceased h accurred at 145 P.M. from the causes and an the date stated above.
ACTUAL Getonde M. Gross, U.D.	M.D. Swrigheld State Holp. Subject 18th
PHYSICIAN'S EETTRUCK MI ETOSS	Springfield State trosp. Sy ResvilleMa
220. BURIAL, CREMATION, 22b. DATE THEREOF COLESVILLE COLESVILLE	Church Cem Montgomery County Md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bethesda,	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The Tow requires that the death certificate be executed within 24 haurs after death. Page 4 may be relegized by the haspital an attending physician.

TO FUNERA RECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director. page 3 shown be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

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VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

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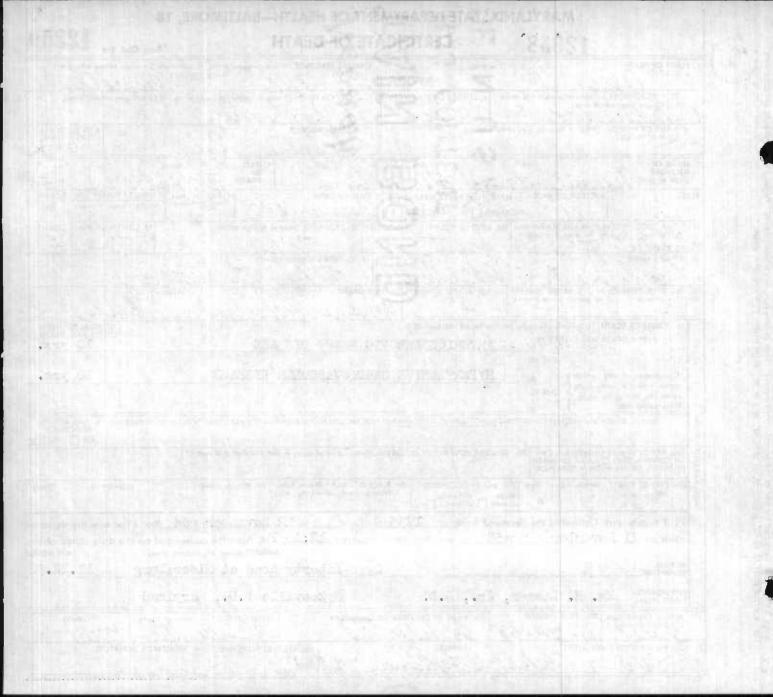
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12358

CERTIFICATE OF DEATH

1	1. PLACE OF DEATH O. COUNTY CANADO 2. USUA O. ST/	L RESIDENCE (Where deceased lived. If institution: Besidence before admission) TE B. COUNTY L # # L
	d. NAME OF HOSPITAL (If not in hospital, give street address)	Y OR TOWN (If autside corporate limits, write RURAL and give nearest town) REET ADDRESS e. IS RESIDENCE
	3 NAME OF DECEASED (Type or print) The middle of the state of the stat	Lost 4. DATE Month Day Year OF MARKEN 19 7/ 10 5
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE O WIDOWED DIVORCED Lief	F BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Ost birthday) Yrs. Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17, B during mostlof working life, even if refreed) 10. FATHER'S NAME 14. MO	IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? THER'S MAIDEN NAME)
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes. no. or unknown) (If yes, give wor or dates of service)	Le Richardson - Andrewille, good,
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ARTERIOSCLEROTIC HE DUE TO	ART DISEASE INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. (b) HYPERTENSIVE CARDIC	VASCULAR DISEASE 20 yrs.
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED? YES NO TE
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter no OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	sture of injury in Part I or Part II of item 18.)
	Haur a.m. 19 White Not white factory, stree at work at wark	URY (Home, form, 20f. (City or town) (County) (State), affice bldg., etc.)
	alive an 21 November , 1958 , and that death accurre	d al2:40 PM, from the causes and on the date stated abave. ADDRESS (Street, city or lown, stote) DATE SIGNED
/		Liberty Road at Eldersburg 11.22.58 Sykesville P.O., Maryland
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATION 11-24-58	22d LOCATION (City, town, or county) (Sigre)
	23. FUNERAL-DIRECTOR'S SIGNATURE HAIGHT ADDRESS MULLINE THE HAIGHT ADDRESS MULLINE TO	DATE DEC 1 158



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12359
CERTIFICATE OF DEATH CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Carroll		MARYLAND	II - CTATE	Maryl		lived. If institution b. COUNTY	Carr	oll	imission)
b. CITY OR TOWN (RURAL and give n	(If outside carporote limi learest town) ムゴマンア	ls, wrile	c. LENGTH OF STAY IN 16		TOWN (IF or	-	ote limits, write R	URAL ond gi	ive nearest	tawn)
	TAL (If not in hospital, g	ive street	V	d. STREET					0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	GRACE	st	M • RC	utzahn	et	4. DATE OF DEATH	Mon NOV		Day 9	Yeor 19 58
female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DIVORCED	3-22-		5	AGE (In years last birthday)			JNDER 24 HRS. DUTS Min.
10a. USUAL OCCUPATION during mast of work hou			KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHP	race (Stote o	nd			J.S.	HAT COUNTRY
13. FATHER'S NAME	Charles :	E. W	Vilcox	14. MOTHER:			th Quin	су		
15. WAS DECEASED EVE (Yas. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO. 17.	Mrs. Ma	rgere	et Mi]	ler, S			
	mmediate bus To	G.	rterioscler				e, Fail	Lure	y onset	L BETWEEN AND DEATH WKS
PART II. OT	HER SIGNIFICANT CON	r a	ypertension CONTRIBUTING TO DEATH B CCIdent CRIBE HOW INJURY OCCUR					EN IN PART	1(o) 19. W	AS AUTOPSY FRFORMED?
_	RY Month, Day, Yes	20d. II While at wor	Not while	PLACE OF INJURY foctory, street, offic	(Home, form, te bldg., etc.)	20f. (City o	or town)	(Co	ounty)	(State)
actual signature Physician's NAME (Type)	Mes		ed fram. July 58, and that dea are conditions, M.D.	m.p1	4:05 Main Damas	OM, fram ADDRESS (Sire Stree cus,	the causes a pet, city or town, t Marylar	nd an the		
BUR TAL	111-12-1		22c. NAME OF CEMETERY Reformed				ON (City, tawn, o		Md.	(Stote)
23. FUNERAL DIRECTOR		Win	field, Md.				AR 24b. REGIS			

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FOR STATE HEALTH DEPT.
xecuted within 24 hours after death. If any delay is necessary, please it in Item 18. Give Pages 1, 2, and 3 to the func, at director. Page Fire along with form PM3. Page 5 may be referred for your files. Itonsit permit. File pages 1 and 2 with the SIS Coord of Fleath, lovel, and in any permathin 72 hours after death.
d) the All the m

1 FLACE o. COI b. CITY

d. NAA

3. NAME DECEA (Type 5. SEX

10a. USU. during 13. FATH

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220. BURIAL, CREMATION, 22b. DATE THEREOF

CERTIFICATION

	NT OF HEALTH—BALTIMORE, 18
12350 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Reg. Dist. No. 12361
OF DEATH INTY BUSULL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STAPOMORULLEUM b. COUNTY Decral
OR TOWN (Il outside corporate simils, write RURAL give nearge town RURAL RURAL) RURAL WOLLE	c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town)
E OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AGORESS e. IS RESIDENCE ON A FARM? YES \(\text{NO} \)
OF SED JOHN First - FRANKLI	N-SANDRUCOMIN North Day Year 16 1958
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED 0	DATE OF BIRTH Pel-8-1909 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS Months Days Hours Min.
LL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRATE) Acceled The second of t	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY WS A
alen Stendenck	14. MOTHER'S MAIDEN NAMY ELL
DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN Unknown) 215-36-8285-	- Jalie Sundruck, Tanestown Wel
PART I. DEATH Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Cerviese Verlebrae Interval Between ONSIT AND DEATH
rise to immediate couse tailing the underlying to tost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

NOX

200, EXTERNAL CAUSE WAS
FRIMARY BLOT CONTRIBUTING
CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of Item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year

Not while Poctor street, office bldg., etc.) While of work of work 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [X] and in my

opinion death resylted from: Natural causes . Accident 🛛 Suicide , Homicide , Undetermined manner

DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY 22d. LQCATION (City, town, or county)

(County)

arting & Hours

(Stote)

REMOVAL (Specify) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 8 '58

VS. A15ME 5M 2/57

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THE TRANSPORT OF THE OFFICE OF THE PARTY AND THE PROPERTY OF THE PARTY		
MEDICAL EXAMINER'S CERTIFICATE OF DIAGE	02551	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

361	CERTIFICATE	OF
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DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Carroll b. COUNTY Baltimore City MARYLAND Maryl and CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 19v.6m.17d. Sykesville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Springfield State Hospital YES NO PA NAME OF 4. DATE Middle Lost Month Doy Year DECEASED OF DEATH MINNTE SCHOEN (Type or print) 1958 November 29 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO 9. AGE (In years lost birthdoy) 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. Days Female White Unknown WIDOWED [7] DIVORCED [10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Domestic Maryland U.S.A. ----13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Schoen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address No Records, Springfield State Hospital 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia Days IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Schizophrenic reaction, hebephrenic type YES NO TE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) foctory, street, office bldg., etc.) MEDI Hour o. m While Not while of work of work 21. I certify that I attended the deceased from October 20, 1954, tall ovember 29, 1958, that I last saw the deceased alive on November , and that death accurred at 3:30 A.M., from the causes and an the date stated above. Springfield State Hospital Edmund Lusthaus, M. D. Sykesville, Maryland 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY/OR CREMATORY 226. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE OLA REC'D BY REGISTRAR Orthung & Krous

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12363

	1400	6		EKINIC	A 11	COLDEA				Reg. D	ist. No		
1. PLACE OF DEATH-	oll			MARYLAND	2.	usual residence o. STATE Ma	(Where	-	l lived. If institution b. COUNTY	-	nce befo		ssion)
Sykesville	f outside corporate lim earest town)	its, write		.1mo.5d	11	c. CITY OR TOWN	(If outside		rote limits, write RI	URAL end	give ne	arest tow	n)
	AL (If not in hospital	give street spita	oddress)			d. STREET ADDRESS						ON	SIDENCE A FARM? NO A
3. NAME OF DECEASED (Type or print)	Prince			Middle		Shrout		DATE OF DEATH	Nove		8	ıy	Yeor 1958
5. SEX Male	6. COLOR OR RACE White	WIDOW	ED 🔲	DIVORCED 🗍	Ju		385		9. AGE (In years last birthday) 13 yrs.	Months Months	R 1 YEAR Doys	Hours	ER 24 HRS. Min.
during most of work Laborer	DN (Give kind of work king life, even if retired	done 10b.	KIND OF BUS	SINESS OR IND	JSTRY	Marylar	-	oreign co	ountry)	12. C	U.S.		TCOUNTRY
13. FATHER'S NAME James Task	cer				14	Unknows		E					
1S. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of		SOCIAL SECU	RITY NO. 17.		mant ingfield	Hos	pita	1 Record				
PART I. DEA / 50 X Conditions, if or gove rise to it couse (o), storing lying couse lost.	the under-	C C	ancer (of the e							U	nkno	
Mental De	eficiency					RELATED TO THE TE				EN IN PA	RT 1(0)	PERF	AUTOPSY ORMED?
20c. TIME OF INJUR Hour o. m. p. m.	at I attended the	ar 20d. I While of wor	NJURY OCCUI	RRED 20e. P	LACE octory,	OF INJURY (Home, street, office bldg.,	form, 2 elc.)	of. (City	or town)	_,that l	(County)	aw the	(Store)
ACTUAL SIGNATURE	gustin de	d	el Ca	mefe	M.D.	Springf Sykesvi	ield	RESS (SI	reel, city or town, spital		the da		ed abave ATE SIGNED 19/58
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC	. 1	22c. NAME	OF CEMETERY O	OR CA	MATORY)	200	J. LOCAT	ON (City, town, o	r county)		(Sto	ite)
23. FUNERAL DIRECTOR	S SIGNATURE	oll	ADDRES	Esmil	16	DATE DATE	DACME	REGIST	RAR 24b. REGIS	TRAR'S SI	0		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be regained by the haspital or attending physician.

TO FUNER PORECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3. Ald be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1. Ald be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1. Ald be detached for use as the burial-transit permit. Then please remove carbon pagers. M VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57 12364

12363

CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY Carroll MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Carroll						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)						
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g			1	d. STREET ADDRESS				C	RESIDENCE ON A FARM?	
		George S					e Str	eet		YE	S NO	
	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Mon		Day	Yeor	
	(Type ar print)	William		Francis	-	Simpson	DEATH	Novemb		22	19 58	
5. 9	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED] B. D.	ATE OF BIRTH		9. AGE (In years lost birthday)			INDER 24 HRS.	
	Male	White	WIDOW	ED DIVORCED	A	oril 9.1878		80 yrs.	Months 1	Doys Ho	ours Min.	
10a	. USUAL OCCUPATION	The second second	done 10b.	KIND OF BUSINESS OR IN							HAT COUNTRY?	
Ы	Farmer			Own Farm		Maryland			U.	S.A.		
13.	FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
	James Si	mnson				Susan Mi	ller					
15.		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	, INFO		TTGI	Add	ress	-		
		(If yes, give war or dates of s										
	no				Mrs	. Mellie Si	mpson	Taneyt	pwn, A	Maryl	and	
18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]										INTERVAL BETWEEN		
MARPHATE CAUSE (a) Cerebral Survivoses									3	mos		
	332X DUE TO											
Continue is an elica Via elicanic antiquamina								1 5- W 00				
Gonditions, if any, which gove rise to immediate (b)										- Jean		
	couse (a), stating		1	7/	, , .		7	`		1	0 10	
	lying couse lost.) (c)_/-	nuna		na un	un	osaun	m	1	o hou	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [3]											
CERTIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL												
	21. I certify th	at I attended the	deceas	sed from Depo	71	, 1939, to	11/25	2 195	that I lo	ost saw	the deceased	
	alive on/	1/2/	19 -	58, and that dec	ath ac	curred at 2-1	7 M from	m the causes o				
		0 15		, and man det	00			itreet, city or town,		e dule s	DATE SIGNE	
	ACTUAL SIGNATURE	SC. D.	m	cvangh	M.D.	49 7 mo	line	b. AT.		11	124/5	
	PHYSICIAN'S NAME (Type)	R.S.N	1c Ve	augh		Tan	eglo	Ture 1.	ma	,		
220	BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEMETERY				TION (City, town,			(State)	
00	Burial	Nov. 24,	195		ch			-	town,	Mary	Land	
13.	FUNERAL DIRECTOR	S SIGNATURE , Tu		nevtown. Mary	-7	NO	V 2 5 '5	0	STRAR'S SIG			
	U.U.FUS	3/4 301	18	Hear COMIT WELL	Tau	DAIL		Uln	hung & of	level.		

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See Land on money	Appendict of Links			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 y the funeral director, M may be retained by the hospital or attending physicion. TO FUNER, PIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 stand be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 14 the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

I

	MARYLAND STATE DEPARTME	ENT OF HEALTH—BALTIMORE, 18
	12364 CERTIFICA	TE OF DEATH Reg. Dist. No. 12365
	1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Marylons b. COUNTY 3 Vol. 4
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give accress town) RI Wyshinster 4 m o	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
3	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION We adow View Complehent / Tome	d. STREET ADDRESS ON A FARM? YES NO NO.
	3. NAME OF DECEASED (Type or print) ITA PRISCILLA	THOMAS DATE Month Doy Year 198
	WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors last birthday) When the property of the pr
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if relired) Own business	Maryland U.S. A
	John P. Sley	Elizabeth Stansbury
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (No. 17. on organization) (If yes, give wor or dotes of service) 216-334-7109	is Reph Royer Walningles Mr
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Provide - Processing -	interval between ONSET AND DEATH 2 hours
	Conditions, if ony, which) OUE TO	ueace years
	gave rise to immediate couse (o), stating the <u>under-lying couse last.</u> County to immediate course (c)	
)	491X	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO} \subseteq \subseteq \text{VES} \(\subseteq \text{NO} \subseteq \subseteq \text{VES} \)
). (Enter nature of injury in Port f ar Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work at work	CE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) tory, street, office bldg., etc.)
	21. I certify that I attended the deceased from July 11 alive on 10ch 31, 1958, and that death	occurred at A.M. from the causes and on the date stated above
	ACTUAL SIGNATURE JAMES D. Marsh N	A.D. 105 E. Maw Dh 1111
	PHYSICIAN'S JAMES T. MARSH	Westminkler Ind
		etery Street, Md
	23. FUNERAL DIRECTOR'S SIGNATURE William Cook, Inc., 1217 St. Paul Stro	eet DATE NOV 5 '58 246. REGISTRAR'S SIGNATURE OATE NOV 5 '58 Arthur S. Frank

3880 mas	TE OF DEATH	CERTIFICA	3
			Market Parket
	distinct of white the		
ania promote del 1911 per al- Responsante del 1911 per al-	A. Oak State		Substance College (March 1975)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12365 CERTIFICATE OF DEATH

	and the second of the	CERTIFICA	AIL OI DEAII	R	leg. Dist. No.		
1. PLACE OF DEATH			2. USUAL RESIDENCE (Wh	ere deceased lived. If institution:	Residence before admission)		
a. COUNTY Carr	oll	MARYLAND	6. STATE Maryland b. COUNTY Balto.City				
b. CITY OR TOWN (If a	outside corporate limits, wri	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If an	utside corporate limits, write RUR	AL and give nearest town)		
Sykesville	ico icon	3mos. 17 day	Baltim	iore 3	V01-4		
	L (If not in hospital, give str	eet address)	d. STREET ADDRESS		e. IS RESIDENCE		
	Springfield	rtonia Road, Zor	ne 16 YES NOTE				
3. NAME OF DECEASED (Type or print)	Mary :	Lee Harrell	limberlake	4. DATE Month OF DEATH NOVEMBE	er 15, Day Year 58		
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.		
Female	7.73 3.4	OWED DIVORCED	December 6,	1880 lost 78 yrs. N	Manths Days Haurs Min.		
10a. USUAL OCCUPATION during most of working	(Give kind of work done 1	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Housewife			Virgini	a	U.S.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN N				
Theodore	Harrell		Nancy Gra	ves			
15. WAS DECEASED EVER	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address			
No	yes, give wor or dates of service)	- 3	Springfield Ho	ospital Records			
18. CAUSE OF DEATH	Enter only ane cause pe	r line far (a), (b), and (c).]			INTERVAL BETWEEN		
PART I. DEATH	WAS CAUSED BY:	Arteriosclerotic	c heart diseas	se	ONSET AND DEATH		
420.0	DUE TO						
Canditians, if any	which)	Generalized arte	eriosclerosis		Years		
gave rise to imi	mediate (
cause (a), stating the lying cause last.	e under-						
	R SIGNIEIGANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMS	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOPSY		
	oc.with senil	os contributing to death but e brain disease	with psychoti	c reaction.	PERFORMED? YES NO		
20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M		DESCRIBE HOW INJURY OCCURRE	D. (Enter nature at injury in P	art I ar Part II of item 18.)			
(IF EITHER, NOTIFY M	EDICAL EXAMINER)						
20c. TIME OF INJURY Haur a. m.			ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)		
p. m.	19 What	nile Nat while 10	ciory, sireer, direct brog., etc.,				
21 I certify that	I ottended the dece	eased from July 28.	10 58 to NOV	rember 15. 10 58	that I last saw the deceased		
	mber 15.	disco il oliverante di la constante di la cons	9:30	1	d on the dote stated above.		
Olive on store	0 11	, and mar deam	occurred of	CODRESS (Street, city or town, stor	d on the date stated above. DATE SIGNED		
ACTUAL TIL	ue & lot	elauan			4		
SIGNATURE	// ///·	7	M.D. Springile	eld State Hospi	CST 11/15/50		
PHYSICIAN'S IT	rene L. Hitch	man, M.D.	Sykesvill	le, Maryland			
22a. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or c	caunty) (State)		
REMOVAL (Specify)	11-17-58	71166 C	REST.	LOWISA. V	A.		
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 24b. REGISTRA	AR'S SIGNATURE		
Walter Pal	weeske: 10	Pundelh ar	en, DATENY 1	1 8 '58 arthur	S. Kraus		

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12367 12366 CERTIFICATE OF DEATH

								Reg. Dist,	Na.	
PLACE OF DEATH O. COUNTY	Carroll		MARY		STATE Maryl		lived. If instituti b. COUNTY			sion)
RURAL and give	(If outside corporate liminearest town) -Westminst		c. LENGTH OF STAY		Rural-		ote limits, write R ninster		nearest taw	n)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, g	ive street	oddress)	1	d. STREET ADDRESS R.D.	# 6			e. IS RES	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ARTHUR	st	Middle F .	WII	Last	4. DATE OF DEATH	Mon NO	th V. 27	Day 7	Yeor 1958
s. sex male	6. COLOR OR RACE	WIDOWI			TE OF BIRTH 2-10-188	36	9. AGE (In years last by theay) yrs.	Months Day		ER 24 HRS. Min.
100. USUAL OCCUPAT during most of wo farmer	ION (Give kind of work or orking life, even if retired)		kind of Business o	R INDUSTRY	11. BIRTHPLACE (Stor		untry)	U.S		COUNTRY
13. FATHER'S NAME	William	Wil	1	14	MOTHER'S MAIDEN		intzman			5
15. WAS DECEASEDEV (Yes, no. or unknown) NO	/ER IN U. S. ARMED FOR (It yes, give war or dates of se	(eniver	SOCIAL SECURITY NO.		MANT S. Renie	e Will	, same			
PART I. DE	immediate (1	teris	eler.	krom	los	is	-	NTERVAL BE DNSET AND I CLU Seve	DEATH WEEN
CATIC	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA				CONDITION GIV	EN IN PART 1(d		DRMED?
20c. TIME OF INJU	JRY Month, Day, Yea	r 20d. It While at warl	Not while	20e. PLACE C foctory,	OF INJURY (Hame, for street, office bldg., e	rm, 20f. (City of tc.)	or town)	(Coun	(γ)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the WV 26 W. GLENN	12-5 SA E	eicher CHER	M.D.	, 19.58, to 18. urred at 12.0.	M, from	the causes a set, city or town,	nd on the	date state	deceased ed above. ATE SIGNED
REMOVAL (Specific	111-30-1		Ebene:			Carr		, Mary	yland	
23. FUNERAL DIRECTOR	Waltz,	Wir	ADDRESS ofield, Ma	aryla	nd	C'D BY REGISTR		TRAR'S SIGNA		

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VS A1S (4) 15M 9/S5 M

		12367 CERTIFICA	ATE OF DEATH	12368 Reg. Dist. No.				
	_ °	PLACE OF DEATH O. COUNTY AVAILABLE CO MARYLAND	111My lens	OUNTY CASSALL				
7	1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) A. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	c. CITY OR TOWNY (If outside corporate limits, v	• IS RESIDENCE ON A FARM?				
		NAME OF First Middle DECEASED (Type or print) ATHERINE AUGUSTA	Lost 4. DATE OF DEATH	Month Day Year				
	5. 5	4. White WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In last birth 7.8	years IF UNDER 1 YEAR IF UNDER 24 HRS.				
1		JUNAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired) FATHER'S NAME	11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
)		? JORDAN	> STR	UIT				
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (If yes, give wor or dates of service)	ne. Imma Gagna	Address 1 104				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate course (a), storing the under-								
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PERFORMED? YES NO				
		OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Port II of item 1	18.)				
	MEDICAL	Haur a.m. 19 While Not while of work at work	LACE OF INJURY (Home, farm, 20f. (City or town) actory, street, office bldg., etc.)	(County) (State)				
/		21. I certify that I attended the deceased fram april 1 alive an 100 13 1958, and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) NAME (Type)	h accurred and 1364 M, fram the cau ADDRESS (Street, city or M.D. MANCH CS FF.					
		BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SEMOVAL (Specify) 7ML 16, 1958 LOWERS	Comlan westma	note md, RD#4				
	23.	FUNERAL DIRECTOR'S SIGNATURE MOVIMENTE	246. REC'D BY REGISTRAR 246.	REGISTRAR'S SIGNATURE				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	THE REPORT OF THE PROPERTY OF

VS A15 (4) 15M 9/55 M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12368 - CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)								
Ca	rroll		MARYLAND	Maryland b. county St. Mary's					
b. CITY OR TOWN (I RURAL and give ne	fautside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	ote limits, write RI	JRAL and giv	e nearest to	own)
	n. Maryla	nd	117 days	Medl	hanicsvi	ille	18 X -	2	
d. NAME OF HOSPIT	d. STREET ADDRES	S			e. IS I	RESIDENCE N A FARM?			
	ryton Sta	te H	ospital						□ NO 🔯
3. NAME OF	Fir	sf	Middle	Lost	4. DATE	Mont	h	Doy	Yeor
(Type or print)	Al	ice		Woodland	OF DEATH	Novembe	r	18	19 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years			
Female	Negro	WIDOW		? ? 188	87	lost birthday) 71 yrs.	Months De	ays Hau	rs Min.
100. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	tote or fareign co	untry)	12. CITIZI	EN OF WH	IAT COUNTRY?
None	ing`life, even if retired	,		Oakvil	le. Mary	rland	U.	S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDE					
Henry	Gray			Rehecc	a Smothe	prg			
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	a bino bin	Addr	ess		
(Yes, no. or unknown) NO	If yes, give war or dates at s	ervice)	None I	Bernice Wood	a = 1625	7 N Ben	+01011	Stro	o+
	TM (Fater paly page or	uua oos li	ne for (o), (b), and (c).	ernice wood	u - 102	N. Den	talou		BETWEEN
	TH WAS CAUSED BY:	0		100134				ONSET A	ND DEATH
2733 X	IMMEDIATE CAUSE (/	erebro-vascul	ar Accident					
0021	DUE TO								
	Conditions, if ony, which (b) Arteriosclerosis and heart failure								
couse (a), stoting			3		. h	-3-			
lying cause lost.) (c	1	ar advanced p						
PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TI	ERMINAL DISEASE	CONDITION GIV	EN IN PART I	(o) 19. WA	REPORMED?
3								YES	ONO O
PART II. OTH	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	y in Part I or Port	II of item 18.)			
	MEDICAL EXAMINER)								
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye		4.	ACE OF INJURY (Home, octory, street, affice bldg.		or town)	(Cor	unty)	(State)
Hour o.m.	19	While at wor	LAGI MIIII	retory, street, diffee blag.	, с.с.,				
21 I certify th	at Lattended the	deceas	ed from July 2L	1958 to	Nov. 18	19 58	that I la	st saw th	ne deceased
	v. 18		58 , and that deat						
dilve dir	000		,	occorred deserve		reet, city or town.		dule si	DATE SIGNED
ACTUAL	. h. m.	es.	laces	Hen	ryton. I	Maryland		7	1-18-58
SIGNATURE				M.D	-3-00113-1	in Jamie			
PHYSICIAN'S	M. Macul	ans.	M. D.	Henryt	on State	e Hospit	al		
22a. BURIAL, CREMATIO			22c. NAME OF CEMETERY			ION (City, town, o		/6	Stote)
REMOVAL (Specify)								(3	oroid)
Burial 23. FUNERAL DIRECTOR		20	Galliee C	emetery	REC'D BY REGISTI		Md. STRAR'S SIGN	JATURE	
P 3 1 CO	- AL L	M/ 1				avin	un s. The	and	
MOISINS	ON FUNE	4/4	TOME LEONIN	ROTOUNDAN	UV A T SS				
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RE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12369 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12370

o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where of STATE Marylan		Balto City
b. CITY OR TOWN III outside corporate limits, write RL and give nearest town) Sykesville	c. LENGTH OF STAY IN 16 3yrs.8mos.12d	c. CITY OR TOWN (If outsidents: Baltimo		JRAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF A Springfield State Hosp		d. STREET ADDRESS 2924 Miles	Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Mary	Middle E •	Worick 4. DA		r 14, 1958
The state of the s	MARRIED NEVER MARRIED 8	1876- Feb. 10,		FUNDER LYEAR IF UNDER 24 HRS. Honths Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) Housewife	e 106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole or fore Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ADDRESS: JOSEPI	n L. Booze	14. MOTHER'S MAIDEN NAME Unknown M	ary Elizabeth	Hoffman
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, es unknown) (If yes, give wor or dotes of serv)	rel .	nformant pringfield Hospi	tal Records	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if ony, which gove rise to immediate cause (c), staling the underlying cause last. C. PART II. OTHER SIGNIFICANT CONDIT. C. B. S. ASSOC. WITH GIST Drain disease. Fract 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	Arteriosclerotic	corrected to the territory rowth or hutriti eric, right femu	•	THART 1(0) 19. WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY Month, Day, Yeor 8:00 20. 11/5/58 19	Patient fell out o	f bed. CE OF INJURY (Home, form, 20f. ory, street office bldg., etc.) Ospital	(City or town) Sykesville	(County) (Stote) Carroll Marylan
21. I certify that I took charge of opinion deatheresulted from: No ACTUAL SIGNATURE ACTUAL SIGNATURE SAMINER'S TOWNS OF THE STAMINER'S TOWNS OF THE S	furol couses . Accident [cide, Undeterm	Inquiry [24], and in my ined monner DATE SIGNED 11/15/58
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	Marsh, M.D.		OCATION (City, fown, or o	
Burial 11/17/58 23. FUNERAL DIRECTOR'S SIGNATURE M. J. LORNIC	Loudon Par Fous-Bat	Com. 240. REC'HOV R	Balto., Md.	AR'S SIGNATURE

I ZUME - MENCAL EXAMINER'S CENTRICATE OF DEATH --etables for the property of the same Tomas A STATE OF THE PROPERTY OF THE MULTINET DEPE Assembly density of reputation and the state of the state The analysis of the Linkshot and A SALES E Miles II. Disease: All record the relationship and the Milesten and The sum as the second s

VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
12370	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

1, PLACE OF DEATH o. COUNTY				2	. USUAL RESI	DENCE (Wh	ere deceased	lived. If instituti		nce before o	dmission)
Carroll	22.33	Ma	arvland MAR	YLAND		rland		b. COUNTY	3	3 10	1-4
	If outside corporate lime earest town)	its, write	c. LENGTH OF STAY	IN 1b			outside corpor	ate limits, write f	URAL ond	give nearest	town)
(Rural) Sy	kesville		1 vr-3mo.	15day	Balti	imore	City.	Marylan	d 2	one 31	
d. NAME OF HOSPI	TAL (If not in hospital,	give street o	(ddress)		d. STREET A						RESIDENCE
Springfie	ld State H	ospit	al		312	S. Ed	den St.				S NO 🔀
3. NAME OF DECEASED	Fi	rst	Middle		Los	st	4. DATE	Mor	ith	Day	Year
(Type or print)	Joseph				Yacol	la	DEATH	1	1	7	1958
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRI	IED B. I	DATE OF BIRT	Н		9. AGE (In years last birthday)			JNDER 24 HRS.
Male	White	WIDOWE	DIVORCE	ED 🔲	11-12	1-86	HO.	72 yrs.	Months	Doys Ho	ours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b. I	KIND OF BUSINESS C	OR INDUSTR	Y 11. BIRTHPL	ACE (State	ar foreign co	untry)	12. CI	TIZEN OF W	HAT COUNTRY
Vendor	king me, even in remed	"				Italy	7		T	Inknown	1
13. FATHER'S NAME					14. MOTHER'S					2236110111	
IS. WAS DECEASED EVE	R IN U. S. ARMED FOI	CES? 16. S	OCIAL SECURITY NO). 17. INFO	RMANT			Add	ress		
	(If yes, give wor or dates of	service)		Doo	C	nd north	1014 54	tate Hos	nitel	Strkes	wille N
NO LIBE OF DEA	ATH [Enter only one co	was not lie	a fee (a) (b) and (c)		01.0-2h	CTUELL	rera Di	La DE 1105	hT ng 1		
	TH WAS CAUSED BY:			1						ONSET	AND DEATH
420.0	IMMEDIATE CAUSE (terioscler	cotic !	Heart I	Jiseas	se				than
	DUE TO)								10 3	years.
Conditions, if a)(
cause (a), stating											
lying couse lost.) (0	-									
CBS assoc	HER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO	THETERMI	NAL DISEASE	CONDITION GIVE	EN IN PA	RT 1(a) 19. W	VAS AUTOPSY
Ullara da alda a	with	psychi	otic react	i on	Fecal	impac	tion.	OTOM, WI	mr se	YES	S NO
206. ACCIDENT W			RIBE HOW INJURY O					II of item 1B.)			
(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. IN	JURY OCCURRED	20e. PLACE	OF INJURY (Home, form	, 20f. (City	or town)		(County)	(State)
Hour o.m.	19	While of work	Not while	factory	r, street, office	e bldg., etc.	.)				
				22	1957	. Ne	ntr. 7	58			
	at I attended the							, 1920	,that I	last saw t	the deceased
alive an NOV	0	, 1558	, and that	death a	curred at					the date s	
ACTUAL	VILLO	11	11102					eet, city or town,			DATE SIGNED
SIGNATURE	- words	1	M	M.D	Spri	ngfiel	ld Stat	te Hospi	tal]	1-7-58
PHYSICIAN'S			, , ,								
NAME (Type)	alter Knop	M.I).		Syko	wille	a. Mar	rland			
220. BURIAL, CREMATIO REMOVAL (Specify)		F	22c. NAME OF CEM	ETERY OR C				ON (City, town,	or county)		(State)
Burial	11/10/5	3	Holy Red	leeme.	r		Bal t	. Md.			
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	10	le.	240. REC'E	D BY REGISTR	-	STRAR'S SI	GNATURE	
Jeank Dr	elle the	F#3	322 S. He	sh Si	ext	DATE NO	W 1 3 '5	a o	11 - 0	Hansel	
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MARELAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	1431	1	CERT	TIFICA	ATE OF D	EATH			Reg. D	ist. No		(111)
1. PLACE OF DEATH o. COUNTY Carroll	County		MAI	RYLAND	2. USUAL RESIDI		ere deceased	l lived. If instituti b. COUNTY				sion)
b. CITY OR TOWN (RURAL and give of Sykes	(If outside corporate lim learest town) Sville		c. LENGTH OF STA	AY IN 16		OWN (If ou	atside corpoi	rote limits, write R				n)
	TAL (If not in hospital, g				d. STREET AD	DRESS	d A				e. IS RES	SIDENCE A FARM? NO 127
3. NAME OF DECEASED (Type or print) _ Z	ield,State _{Fi} L ppl er Le	rst	Midd Leonar		ippler		4. DATE OF DEATH	Mor Nove		15,		Yeor 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	DIX NEVER MAR	CED	8. DATE OF BIRTH May 19	, 18	88	9. AGE (In years last birthday) 70 yrs.	IF UNDER	Days	Hours	ER 24 HRS, Min.
10a. USUAL OCCUPATION during most of working most of working most of working most of working most of the second most of the sec	ON (Give kind of work king life, even if retired	done 10b. Ki	th. Ste	OR INDUS	TRY 11. BIRTHPLA		r foreign co	ountry)	12. CI		S.A.	COUNTRY
13. FATHER'S NAME	dam Zippi	ler			14. MOTHER'S A	ANDEN N						
15. WAS DECEASED EVE (Yes no or unknown)	ER IN U. S. ARMED FOR	lanunas	3-07-39	4	rs. Elle	en S	pahn	810 Mi		d A	re.	22
PART I. DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c				leart dis	ease				ON:	ERVAL SE SET AND	DEATH
Conditions, if of gave rise to it couse (o), stating lying couse lost.	ony, which (bimmediate)	Gener	ralized a	arteri	ioscleros	is				y	ears	
3 1191X	HER SIGNIFICANT CON								EN IN PAR	RT 1(a) 1	9. WAS PERFO YES [AUTOPSY PRMED?
	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)		IBE HOW INJURY	OCCURRED). (Enter nature of i	injury in Po	ort I or Port	Il of item 18.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	ar 20d. INJ While ot work	Not while of work	20e. PLA foc	CE OF INJURY (Ho tary, street, office b	ome, form, bldg., etc.)	20f. (City	or town)	(County)		(Stote)
alive an	6 6 1	clel	Carrie	at death	occurred at Spring Sykesv	field	M, fram DORESS (SII	the causes of reet, city or town, e Hospit	and an t		te state	
220. BURIAL, CREMATIC BUSTINESPECIFY	Nov. 20	58	22c. NAME OF CE	METERY OF Nation	CREMATORY		rd locat	ON (City, town,		d 1	vid (Stot	e)
23. FUNERAL DIRECTOR	S SIGNATURE OUDA 7922	Wise	ADDRESS	2. M			BY REGISTI	RAR 24b. REGIS	STRAR'S SI		₹E	

TO FUN VS A15 (4) 15M 9/55

may be trained by the haspital ar attending physician.

5 FUN: A DIRECTOR: After this certificate has been signed by the attending physician and campletely fittings 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages the registrar prior to burial, crematian, ar remaval, and in any event withing hours after death.

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